

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90030 003 ****61.25

DOCUMENT # N00000002428

1. Entity Name

MUIRFIELD AT SEASCAPE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

40001 EMERALD COAST HIGHWAY
 DESTIN FL 32541

Mailing Address

40001 EMERALD COAST HIGHWAY
 DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3640183

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ADKINSON, CHAD	
STREET ADDRESS	40001 EMERALD COAST HIGHWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADKINSON, LARRY WAYNE	
STREET ADDRESS	40001 EMERALD COAST HIGHWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVERONA, ENRIQUE	
STREET ADDRESS	40001 EMERALD COAST HIGHWAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINSON, chad D	
STREET ADDRESS	814 C-G	
CITY-ST-ZIP	Freeport, FL 32439	
TITLE	T, PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINSON, LARRY WAYNE T	
STREET ADDRESS	29874 U.S. Hwy 331 South	
CITY-ST-ZIP	Freeport FL 32439	
TITLE	T, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVARONA, ENRIQUE T	
STREET ADDRESS	407 EVANS Rd	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chad D Adkinson
 CHAD D ADKINSON

Date

1-2-01 850657211

Daytime Phone #

CR2E037 (10/00)