2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90038 010 ****61.25

DOCUMENT # N03000003976

1. Entity Name

THE VILLAS AT SEACREST BEACH OWNERS ASSOCIATION, INC.

24043341

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
5399 E. COUNTY HWY. 30A, BOX 190 SEAGROVE FL 32459	5399 E. COUNTY HWY. 30A, BOX 190 SEAGROVE FL 32459

2. Principal Place of Business	3. Mailing Address
Seacrest Beach Owners Assn	Seacrest Beach Owners Assn
Suite, Apt. #, etc.: P.O. Box 611707	Suite, Apt. #, etc.: P.O. Box 611707
City & State: Rosemary Beach, FL	City & State: Rosemary Beach, FL 32461
Zip: 32461 Country: USA	Zip: 32461 Country: USA

4. FEI Number: 04-3757160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARTON, PETER J
5399 E. COUNTY HWY. 30A, BOX 190
SEAGROVE FL 32459

7. Name and Address of New Registered Agent

Name: Cynthia T. Stenberg
Street Address (P.O. Box Number is Not Acceptable): 56 Spires Lane, 17A
City: Santa Rosa Beach, FL Zip Code: 32459

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia Stenberg 4-12-04
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 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTON, PETER J 114 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gerald Taylor, President 1525 W. Live Oak Road Monticello, FL 32344	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTON, BRIANA E 114 HOMBRE CIRCLE PANAMA CITY BEACH FL 32407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marilyn Jinks, Vice President Box 611449 Rosemary Beach, FL 32461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMET, BEN H JR. 3797 INDIAN TRIAL DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pete Barton, Treasurer - Secretary 237 Calle Escada Santa Rosa Beach, FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-7-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #