


FILE NOW: FILING FEE IS **\$61.25**

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09839 (4)**  
1. Corporation Name  
**SEALOFT OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>612 HIGHWAY 98 EAST DESTIN FL 32541</b>	Mailing Address <b>% WILLA MERRIOTT Realty Inc. P.O. BOX 663 DESTIN FL 32541</b>
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3. Date Incorporated or Qualified <b>06/18/1985</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2586021</b>		

2. Principal Place of Business 21 <b>1021 U.S. Hwy, 98 East</b>	2a. Mailing Address 26 <b>Realty Inc.</b>
Suite, Apt. #, etc. 22 <b>% Willa Merriott Realty Inc.</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Destin FL</b>	City & State 28
Zip 24 <b>32541</b>	Country 25 <b>OKalabusa</b>
Zip 29 <b>32540</b>	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MATTHEWS, DANA C ESQ.  
607 HIGHWAY 98 EAST  
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, ALWAL</b>	
STREET ADDRESS	<b>13197 MAPLE DRIVE</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63127</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROUSE, MARY RUTH</b>	
STREET ADDRESS	<b>3480 HIGHWAY 98 EAST</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CONRAD, NORA LEE</b>	
STREET ADDRESS	<b>632 COUCH</b>	
CITY-ST-ZIP	<b>KIRKLAND MO 63122</b>	
TITLE	<del>MOORE, DENNIS B.</del>	<input type="checkbox"/> DELETE
NAME	<del>13133 MAPLE DR.</del>	
STREET ADDRESS	<del>ST. LOUIS, MO 63127</del>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>MOORE, DENNIS B.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>13133 MAPLE DR.</b>
2.3 STREET ADDRESS	<b>ST. LOUIS, MO 63127</b>
2.4 CITY-ST-ZIP	<b>STD</b>
3.1 TITLE	<b>ELIZABETH TITUS MOORE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>13197 MAPLE DR.</b>
3.3 STREET ADDRESS	<b>ST. LOUIS, MO 63127</b>
3.4 CITY-ST-ZIP	<b>VD</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARY RUTH ROUSE 4/20/98 (850) 837-1925**

CR2E037 (10/97)