


FILE NOW: FILING FEE IS \$61.25

Capital

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90103 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09839

1. Corporation Name
SEALOFT OWNERS ASSOCIATION, INC.

Principal Place of Business 1021 U. S. HWY 98 E C/O WILLA MERRIOTT REALTY INC DESTIN FL 32541 US	Mailing Address C/O WILLA MERRIOTT REALY INC. P.O. BOX 663 DESTIN FL 32540 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/18/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2586021
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>
Zip 24	Country 25	Country 29
		30

Applied For
No: Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ALWAL	1.2 NAME	
STREET ADDRESS	13197 MAPLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63127	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DENNIS B.	2.2 NAME	
STREET ADDRESS	13133 MAPLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63127	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ELIZABETH TITU	3.2 NAME	
STREET ADDRESS	13197 MAPLE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63127	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/30/99 DAYTIME PHONE #: (850) 837-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)