


FILED
Apr 01, 2004 08:00 AM
Secretary of State

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09839			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02202004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2586021		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS, DANA C ESQ. 607 HIGHWAY 98 EAST DESTIN, FL 32541		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and may be applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Master check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Action
NAME	MOORE, ALWAL	NAME	
STREET ADDRESS	13197 MAPLE DRIVE	STREET ADDRESS	U00000101035
CITY-ST-ZIP	ST. LOUIS, MO 63127	CITY-ST-ZIP	04/01/04-80031-025 61.25
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DENNIS B.	NAME	
STREET ADDRESS	13133 MAPLE DR	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 63127	CITY-ST-ZIP	
TITLE	VO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ELIZABETH TITU	NAME	
STREET ADDRESS	13197 MAPLE DR	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS, MO 63127	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), Florida Statutes. I further certify that the information appearing 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 empowerments.			
SIGNATURE <i>Alwala D Moore</i>		DATE <i>3-10-04</i>	

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