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04/14/2005 09:03


Al Moore
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FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90299 012 ****61.25

**2005 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 REALTY INC. P.O. BOX 663 DESTIN, FL 32540 US	
2. Principal Place of Business		3. Mailing Address	
Firm, Apt. # etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2586021		Applied For (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATTHEWS, DANA C ESQ. 807 HIGHWAY 98 EAST DESTIN, FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) <i>4475 Ligovsky Dr</i> City <i>Destin</i> FL Zip <i>32541</i>	
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 hereby waiv. and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature of agent or named new-registered agent per the 1 section. (NOTE: Each new agent signature required when 1st filing.)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD MOORE, AL WIAL 13197 MAPLE DRIVE ST. LOUIS, MO 63127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, DENNIS B. 13133 MAPLE DR ST. LOUIS, MO 63127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO Elizabeth Titus mare 13197 Maple Dr St. Louis, mo 63127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, ELIZABETH TITU 13197 MAPLE DR ST. LOUIS, MO 63127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO Larry Hockman 190 S. Vathalla rd Cadele, Ga 31015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I hereby 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 recipient 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 affidavit with all other filers approved.			
SIGNATURE <i>Al Moore</i> <small>SIGNATURE AND PRINTED OR PRINTED NAME OF STATE OFFICER OR CLERK</small>			

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0412005 Chg-NP CR26037 (10/03)

STATE OF FLORIDA
DEPARTMENT OF STATE
SECRETARY OF STATE
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