

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11913** (3)

1. Corporation Name

SEACLIFFS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 1008
PORT ST JOE FL 32456

POST OFFICE BOX 1008
PORT ST JOE FL 32456

3. Date Incorporated or Qualified
11/06/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2756034

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEALY DAVID P.
106 EAST COLLEGE AVE.
SUITE 1200
TALLAHASSEE FL 32308

81

Name **Denise Strickland**

82

Street Address (P.O. Box Number is Not Acceptable)
413 Williams Avenue

83

84

City **Port St. Joe**

FL

85

Zip Code **32456**

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 *Denise Strickland*

Denise Strickland

4/18/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD EDWARDS III O.W.**
STREET ADDRESS **916 WEST JEFFERSON ST.**
CITY-ST-ZIP **QUINCY FL 32351**

1.1 TITLE **Secretary/Treasurer** Change Addition
1.2 NAME **Maxine C. King**
1.3 STREET ADDRESS **6514 Aqueduct Court**
1.4 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE DELETE
NAME **VPD NEAL PATRICK DR.**
STREET ADDRESS **2110 CENTERVILLE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **D CUSHMAN JOSEPH**
STREET ADDRESS **P.O. BOX 128 N/A**
CITY-ST-ZIP **SEWANEE TN 37375**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Maxine C. King*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maxine C. King

4/16/96

Date

(904) 893-1228

Daytime Phone #

CR2E037 (12/95)