


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11913 (3)**  
1. Corporation Name  
**SEACLIFFS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>POST OFFICE BOX 1008 PORT ST JOE FL 32456</b>	Mailing Address <b>POST OFFICE BOX 1008 PORT ST JOE FL 32457-1008</b>
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3. Date Incorporated or Qualified <b>11/06/1985</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

4. FEI Number <b>59-2756034</b>	Applied For Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DENISE STRICKLAND  
413 WILLIAMS AVE  
SUITE 1200  
PORT ST. JOE FL 32456**

10. Name and Address of New Registered Agent

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

**FL**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS III O.W.	
STREET ADDRESS	916 WEST JEFFERSON ST.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NEAL PATRICK DR.	
STREET ADDRESS	2110 CENTERVILLE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUSHMAN JOSEPH	
STREET ADDRESS	P.O. BOX 128 N/A	
CITY-ST-ZIP	SEWANEE TN 37375	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MAXINE C. KING	
STREET ADDRESS	6514 AGVEDUCT CT	
CITY-ST-ZIP	TALLA FL	
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AL PIPKIN	
1.3 STREET ADDRESS	142 SOUTH DEVINNEY STREET	
1.4 CITY-ST-ZIP	GOLDEN, COLORADO 80401	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD SMITH	
2.3 STREET ADDRESS	3181 LANIER DRIVE	
2.4 CITY-ST-ZIP	ATLANTA, GA 30319	
3.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAXINE C KING	
3.3 STREET ADDRESS	6514 AGUEDUCT COURT	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
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 do 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 Maxine C King MAXINE C KING 4/15/97 (94) 893-1228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 10010284

CR2E037 (9/96)