

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11913

FILED
Jan 10, 2005
Secretary of State

Entity Name: SEACLIFFS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 1008
PORT ST JOE, FL 32457 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1008
PORT ST JOE, FL 32457 US

New Mailing Address:

FEI Number: 59-2756034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDREA HEARD
652 SEACLIFF DRIVE
PORT ST. JOE, FL 32456 US

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.

SIGNATURE: ANDREA HEARD

01/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, MAXINE C
Address: 6514 AQUEDUCT COURT
City-St-Zip: TALLAHASSEE, FL

Title: STD () Delete
Name: HEARD, ANDREA
Address: 652 SEA CLIFF DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VPD () Delete
Name: TROTTER, ORON G
Address: 701 AZALEA DR
City-St-Zip: LAGRANGE, GA 30340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PREVATT, VICTOR
Address: 5468 BROOKVIEW DRIVE
City-St-Zip: COLUMBUS, GA 31907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA HEARD

STD

01/10/2005

Electronic Signature of Signing Officer or Director

Date