

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004454 (5)
1. Corporation Name
SEASCAPE NUMBER 7-C ASSOCIATION, INC.



Principal Place of Business 100 SEASCAPE DR DESTIN FL 32541	Mailing Address 100 SEASCAPE DR DESTIN FL 32541
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3. Date Incorporated or Qualified 10/01/1993	
4. FEI Number 59-3196969	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LOGSDON, DIANE E
100 SEASCAPE DR
DESTIN FL 32541**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLEM, EDWARD J		1.2 NAME	
STREET ADDRESS BILLA #204 SEASCAPE RESORT		1.3 STREET ADDRESS	
CITY-ST-ZIP DESTIN FL		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAETHER, LOUIS O		2.2 NAME	S/T
STREET ADDRESS 7700 CLAYTON RD., STE. 310		2.3 STREET ADDRESS	Louis Raether
CITY-ST-ZIP ST. LOUIS MO		2.4 CITY-ST-ZIP	36 Holly Drive
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	St. Louis, MO 63119
NAME SCHAEFER, DUDLEY P		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2051 SHADOWOOD COVE		3.3 STREET ADDRESS	
CITY-ST-ZIP MEMPHIS TN		3.4 CITY-ST-ZIP	
TITLE M	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOGSDON, DIANE E		4.2 NAME	
STREET ADDRESS 100 SEASCAPE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP DESTIN FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **RECEIVED** 01/20/98 8501 837-910

CR2E037 (10/97)