

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90181 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004454**

1. Corporation Name  
**SEASCAPE NUMBER 7-C ASSOCIATION, INC.**

5 4 6 9 8 7 \*  
 546987 - 90014 - 5

Principal Place of Business 100 SEASCAPE DR DESTIN FL 32541	Mailing Address 100 SEASCAPE DR DESTIN FL 32541
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2. Principal Place of Business 21 11625 US Highway 98 W Suite, Apt. #, etc.	2a. Mailing Address 26 155 Poinciana Blvd Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/01/1993
22	27	4. FEI Number 59-3196969
23 DESTIN FL City & State Zip Country	28 DESTIN FL City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32541	25	29 32541
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

LOGSDON, DIANE E  
 100 SEASCAPE DR  
 DESTIN FL 32541

81 Name **WALTER SCOTT**  
 82 Street Address (P.O. Box. Number is Not Acceptable)  
**155 Poinciana Blvd**  
 83  
 84 City **DESTIN** FL 85 Zip Code **32541**

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: *Walter J. Scott* *Walter J. Scott* *2/18/99*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE F/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLEM, EDWARD J		1.2 NAME Fred Gray	
STREET ADDRESS BILLA #204 SEASCAPE RESORT		1.3 STREET ADDRESS 2264 Wind Shadow Cove	
CITY-ST-ZIP DESTIN FL		1.4 CITY-ST-ZIP memphis TN 38225	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REATHER, LOUIS		2.2 NAME Albert Hinson	
STREET ADDRESS 38 HOLLY DRIVE		2.3 STREET ADDRESS 1155 Dabrida Road	
CITY-ST-ZIP ST LOUIS MO 63119		2.4 CITY-ST-ZIP Montgomery AL 36109	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHAEFER, DUDLEY P		3.2 NAME Paul Sisamis	
STREET ADDRESS 2051 SHADOWOOD COVE		3.3 STREET ADDRESS 100 Seascape DR #292	
CITY-ST-ZIP MEMPHIS TN		3.4 CITY-ST-ZIP Destin FL 32541	
TITLE M	<input checked="" 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)(l), 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, with all other like empowered.

SIGNATURE: *Paul Sisamis* **SIGNATURE REQUIRED** *PAUL SISAMIS* 3/17/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)