NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90181 013 ****61.25

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DOCUMENT # N93000004454

L. Compretion Name

SEASCAPE NUMBER 7-C ASSOCIATION, INC.				* 5 4 6 90 8 7 * 546987 - 90014 - 5		
Principal P ac 100 SEASCAP DESTIN FL 32	PE DR	Mailing Address 100 SEASCAPE DR DESTIN FL 32541				
2. Principal P 21 1 1 6 2 5 Suite, Apt. 22 - City & Stat 23 DEST 1	#, etc.	2a. Mailing Address 26 \S5 \PO. \CC. o Suite, Apt. #, etc. 27 City & State 28 \DESTIN \SL Zip	country	3. Date incorporated or Qualifed 10/01/1993 4. FEI Number59-3196969 5. Certificate of Status Desired 6. Election Campaign Financing	- Not \$8.75 A Fee Rei	luired Aay Be
3254	25	29 32541 3	30	Trust Fund Contribution 10. Name and Address of New R	Added to	Fees
LOGSDON, DIANE E 100 SEASCAPE DR DESTIN FL 32541 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules office or registered agent, or both, in the State of Florida. Such change was authorized in the state of Florida Statules agent. I am familiar with, and succept the obligations of, Section 617.0503, Florida Statules of, Section 617.0503, Florida Statules of Section 617.0503, F			155 83 84 City	Panciana Bud	FL 85 Zip C	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050; registered agent, or both, in the State of familiar with, and succept the obligat	and 617.1508, Florida Statutes of Florida. Such change was aut tena of, Section 617.0503, Florid	s, the above-named of thorized by the compo- da Statutes.	emporation submits this statement for the tition's board of directors. I hereby accept	purpose of changing its ret the appointment as regi	egistered istered
11. Pursuant office or r agent. I a SIGNATUFE	to the provisions of Scictions 617.050; egistered agent, or both, in the State m familiar with, and pucept the obligat	1 K h2)()	s, the above-named or thorized by the porpor darStatutes.	rporation submits this statement for the utlon's board of directors. I hereby acception when retraiting:	purpose of changing its registry the appointment as registry DATE	egistered istered
SIGNATUFE	Signature, typed or printed name of regulared agent OFFICERS AN	I and title if applicable. (NOTE: F	s, the above-named or thorized by the compo- da Statutes. Registered Agent stoneture req 13.	and when releasing: ADDITE INS/CHANGES TO OFF	purpose of changing its region the epi-ointment as region DATE	egistered istered
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14. Thereby 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 or derivative of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME /

STREET ADDRESS

SIGNATURE REQUEADD SIGNALS ANALS

3/17/99

Daytime Phone #