

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-31-2001 90300 031 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004454

1. Entity Name

SEASCAPE NUMBER 7-C ASSOCIATION, INC.

Principal Place of Business

10221 HWY 98
STE. 23
DESTIN FL 32541
US

Mailing Address

10221 HWY 98
STE. 23
DESTIN FL 32541
US

02319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3196969**

Applied For
Not Applicable

Zip **32550**

Country

Zip **32550**

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELDER, RALPH
10221 HIGHWAY 98 WEST
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: **Ralph H. Gelder**
Street: **Emerald Coast Association-Management, Inc.**
10221 HWY 98 W, Suite #23
City: **Destin, Florida 32550**

8. 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 *Ralph Gelder*

2/14/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: GRAY, FRED Delete
STREET ADDRESS: 3284 WINDSHADOW COVE
CITY-ST-ZIP: MEMPHIS TN 38125

TITLE: VPD
NAME: HINSON, ALBERT Delete
STREET ADDRESS: 1155 DALRIADA RD
CITY-ST-ZIP: MONTGOMERY AL 36109

TITLE: TSD
NAME: SISAMIS, PAUL Delete
STREET ADDRESS: 638 IVYWOOD
CITY-ST-ZIP: TALLMADGE OH 44278

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
NAME: AKERS, THOMAS Change Addition
STREET ADDRESS: 1709 LAK ST
CITY-ST-ZIP: NEW ORLEANS, LA 70122

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ralph Gelder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01 654-1250

Date

Daytime Phone #

CR2E037 (10/00)