


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 013 ****61.25

DOCUMENT # N93000004454
1. Entity Name
SEASCAPE NUMBER 7-C ASSOCIATION, INC.



Principal Place of Business Mailing Address
**100 SEASCAPE DR.
DESTIN FL 32550
US** **PO BOX 6685
DESTIN FL 32550
US**

JUU10000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3196969 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOKSDON, DIANE S
100 SEASCAPE DR.
DESTIN FL 32550**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SISAMIS, PAUL <input checked="" type="checkbox"/> Delete 638 IVYWOOD TALLMADGE OH 44278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISAMIS, PAUL <input checked="" type="checkbox"/> Delete 633 EMERALD BAY DR. MIRAMAR BEACH FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP EKMAN, SVEN <input type="checkbox"/> Delete 506 LYNDALE AVE. LOUISVILLE KY 40222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, CECIL <input checked="" type="checkbox"/> Delete 200-100 SEASCOPE DR. DESTIN FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LOGSDON, DIANE E <input type="checkbox"/> Delete 100 SEASCAPE DR. DESTIN FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLES SIMON 608 BELLE TERRE CIRCLE BIRMINGHAM, AL 35226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARL E. PATRICK, JR 4423 GLEN GARY DRIVE ATLANTA, GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAT GAUNT VILLA 200 100 SEASCAPE DR DESTIN FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Diane E. Logsdon **DIANE E. LOGSDON** 2/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #