

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004454

FILED  
Feb 03, 2007  
Secretary of State

Entity Name: SEASCAPE NUMBER 7-C ASSOCIATION, INC.

**Current Principal Place of Business:**

100 SEASCAPE DR.  
DESTIN, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 SEASCAPE DR.  
DESTIN, FL 32550 US

**New Mailing Address:**

FEI Number: 59-3196969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOGSDON, DIANE E  
100 SEASCAPE DR.  
DESTIN, FL 32550 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: SIMON, CHARLIE  
Address: 608 BELLE TERRE CIR  
City-St-Zip: BIRMINGHAM, AL 35226

Title: DS ( ) Delete  
Name: PATRICK, CARL L JR  
Address: 4423 GLEN CARY DR  
City-St-Zip: ATLANTA, GA 30342

Title: VDP ( ) Delete  
Name: EKMAN, SVEN  
Address: 506 LYNDAL AVE.  
City-St-Zip: LOUISVILLE, KY 40222

Title: D ( ) Delete  
Name: GAUNT, PAT  
Address: 100 SEASCOE DR VILLA 200  
City-St-Zip: DESTIN, FL 32550

Title: M ( ) Delete  
Name: LOGSDON, DIANE E  
Address: 100 SEASCAPE DR.  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE E. LOGSDON

M

02/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date