

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004454

FILED
Jan 20, 2009
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: D () Delete
Name: EKMAN, SVEN
Address: 506 LYNDAL AVE.
City-St-Zip: LOUISVILLE, KY 40222

Title: VDP () 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

Title: D () Delete
Name: MANSFIELD, EDDIE
Address: 139 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CABELL, HARVEY
Address: .1212 COUNTRY CLUB CIRCLE
City-St-Zip: HOOVER, AL 35244

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 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

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date