


01-30-2003 90113 023 \*\*\*\*61.25

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**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N93000004454</b> 1. Entity Name <b>SEASCAPE NUMBER 7-C ASSOCIATION, INC.</b>			
Principal Place of Business <b>10221 HWY 98                  STE. 23                  DESTIN FL 32550                  US</b>		Mailing Address <b>10221 HWY 98                  STE. 23                  DESTIN FL 32550                  US</b>	
2. Principal Place of Business <b>100 Seascape Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 6685</b> Suite, Apt. #, etc.	
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>	
Zip <b>23550</b>		Zip <b>32550</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3196969</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GELDEN, JAY                  EMERALD COAST ASSOCIATES MGMT.                  10221 EMERALD COAST PKWY W, 523                  DESTIN FL 32550</b>		7. Name and Address of New Registered Agent Name: <b>Diane E. Logsdon</b> Street Address (P.O. Box Number is Not Acceptable): <b>100 Seascape Drive</b> City: <b>Destin</b> FL Zip Code: <b>32550</b>	
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: <u><i>Jay E. Logsdon</i></u> <u><i>DIANE E. LOGSDON</i></u> <u>2/19/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD                  SISAMIS, PAUL                  638 IYWOOD                  TALLMADGE OH 44278</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD                  AKERS, THOMAS                  1729 LARK ST                  NEW ORLEANS LA. 70122</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDP                  EKMAN, SVEN                  506 LYNDAL AVE.                  LOUISVILLE KY 40222</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D                  WADE, CECIL                  200-100 SEASCOPE DR.                  DESTIN FL 32550</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE m NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>Jay E. Logsdon</i></u> <u><i>DIANE E. LOGSDON</i></u> <u>01/28/03</u> <u>850-837-9181</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CP2E037 (10/02)