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May 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

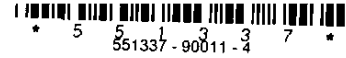


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005256

1. Corporation Name

Seacrest Beach Owners' Association, Inc.



Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 155 Poinciana Blvd

26 % Suncoast Assn Mgmt

4. FEI Number
59-3515540

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Destin FL

27 155 Poinciana Blvd

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Destin FL

28 Destin FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 32541 25 US

29 32541 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

WALTER D. SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)

155 Poinciana Blvd

83

84 City

Destin

FL

85 Zip Code

32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P Change Addition
1.2 NAME Burrell Elliot
1.3 STREET ADDRESS 25 Brenda Lane
1.4 CITY-ST-ZIP Panama City FL 32413

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VP Change Addition
2.2 NAME William Schissler
2.3 STREET ADDRESS 173 Logan Lane
2.4 CITY-ST-ZIP Santa Rosa Beach FL 32459

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S/T Change Addition
3.2 NAME Michelle Maultsby
3.3 STREET ADDRESS P.O BOX 458
3.4 CITY-ST-ZIP Greenville FL 32331

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D Change Addition
4.2 NAME AL BUTLER
4.3 STREET ADDRESS 1413 Hwy 395
4.4 CITY-ST-ZIP Santa Rosa Beach FL 32459

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME TERRY Robertson
5.3 STREET ADDRESS 2649 Fox Hill Circle E.
5.4 CITY-ST-ZIP GermanTown TN 38139

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

904-654-907

Daytime Phone #

CR2E037 (11/98)