

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90043 040 ****61.25

DOCUMENT # N96000005256

1. Entity Name

SEACREST BEACH OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2129 S CO HWY 83
 SANTA ROSA BEACH FL 32459
 US

% ARNSDORFF REAL ESTATE
 2129 S CO HWY 83
 SANTA ROSA BEACH FL 32459
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3515540

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRITCHETT, WALTER R
%ARNSDORFF REAL ESTATE & DEVLMT
2129 S CO HWY 83
SANTA ROSA BEACH FL 32459

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ELLIOT, BURRELL	
STREET ADDRESS	25 BRENDA LANE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, LYNN	
STREET ADDRESS	2371 HYDE PARK CT	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLAR, KATHY	
STREET ADDRESS	5893 REVINGTON DRIVE	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURSAW, DOLAN	
STREET ADDRESS	4556 AMBERRY CT	
CITY-ST-ZIP	DORAVILL GA 30360	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THORNTON, TOM	
STREET ADDRESS	26404 SAILPOINT COURT	
CITY-ST-ZIP	SPICEWOOD TX 78669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, Larry	
STREET ADDRESS	3403 E. Brew Road	
CITY-ST-ZIP	Signal Mountain, TN 37377	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Burrell C. Elliott* **BURRELL C. ELLIOTT Pres.** **APRIL 23 2002 1454** **850-231-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE