


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90337 027 \*\*\*\*61.25

**DOCUMENT # N96000005256**

1. Entity Name  
**SEACREST BEACH OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**2129 S CO HWY 83**  
**SANTA ROSA BEACH, FL 32459 US**

Mailing Address  
~~% ARNSDORFF REAL ESTATE~~  
~~2129 S CO HWY 83~~  
~~SANTA ROSA BEACH, FL 32459 US~~

**14014324**



2. Principal Place of Business  
**5311 E. Co Hwy 30A**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 4703**  
 Suite, Apt. #, etc.

01232004 Chg-NP CR2E037 (10/03)

City & State  
**SANTA ROSA BEACH, FL**

City & State  
**SANTA ROSA BEACH, FL**

Zip  
**32459**

Country  
**USA**

Zip  
**32459-4703**

Country  
**USA**

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

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

7. Name and Address of New Registered Agent


Name  
**Pritchett, Walter R**

Street Address (P.O. Box Number is Not Acceptable)  
**5311 E Co Hwy 30A**

City  
**Santa Rosa Beach**

FL Zip Code  
**32459**

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  **WALTER R. PRITCHETT** **4/26/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS


TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELLIOT, BURRELL 25 BRENDA LANE PANAMA CITY, FL 32413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAY, LYNN 2371 HYDE PARK CT ATLANTA, GA 30318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLAR, KATHY 5893 REVINGTON DRIVE NORCROSS, GA 30092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BURSAW, DOLAN 4556 AMBERRY CT DORAVILL, GA 30360	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, LARRY 3403 E. BREW ROAD SIGNAL MOUNTAIN, TN 37377	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Meyer, Betty Lou 4966 Fairhaven Way Roswell Ga 30075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rouner, Dave PO Box 567302 Atlanta Ga 31156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

**PRESIDENT**

SIGNATURE:  **BURRELL C. ELLIOTT** **APRIL 27, 2004** **850-231-6004**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #