


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90452 042 ****61.25

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



Principal Place of Business
 5311 E CO HWY 30A
 SANTA ROSA BEACH, FL 32459 US

Mailing Address
 P.O. BOX 4703
 SANTA ROSA BEACH, FL 32459-4703 US

2. Principal Place of Business
PO Box 4946

3. Mailing Address
PO Box 4946

Suite, Apt. #, etc.

City & State
Seaside Fl

City & State
Seaside Fl

Zip
32459 Country
US

Zip
32459 Country
US



04282005 Chg-NP CR2E037 (10/03)

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
 5311 E CO HWY 30A
 SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name *David Leuze*

Street Address (P.O. Box Number is Not Acceptable)
9004 E County Hwy 30A

City *Panama City Beach* FL Zip Code *32413*

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 *David Leuze* **David Leuze** *4/28/05*

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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<i>DT</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOT, BURRELL		NAME	<i>TYSON JOHNSON</i>	
STREET ADDRESS	25 BRENDA LANE		STREET ADDRESS	<i>1198 NW Scenic Lake Dr</i>	
CITY-ST-ZIP	PANAMA CITY, FL 32413		CITY-ST-ZIP	<i>Lake City Fl 32055</i>	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, LYNN		NAME	<i>Kevin Welber</i>	
STREET ADDRESS	2371 HYDE PARK CT		STREET ADDRESS	<i>203 Westchase Row</i>	
CITY-ST-ZIP	ATLANTA, GA 30318		CITY-ST-ZIP	<i>Huntsville AL 35801</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>DP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLAR, KATHY		NAME		
STREET ADDRESS	5893 REVINGTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30092		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>DVP</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, BETTY LOU		NAME	<i>Don Meyer</i>	
STREET ADDRESS	4966 FAIRHAVEN WAY		STREET ADDRESS	<i>PO Box 611052</i>	
CITY-ST-ZIP	ROSWELL, GA 30075		CITY-ST-ZIP	<i>Rosemary Beach Fl 32461</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUNER, DAVIE		NAME		
STREET ADDRESS	PO BOX 567302		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 31156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Kathy Ballar* **Kathy Ballar** *4/28/05*

Signature and typed or printed name of signing officer or director Date Daytime Phone #