


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90037 044 ****61.25

DOCUMENT # N96000005256					
1. Entity Name SEACREST BEACH OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 4946 SEASIDE, FL 32459 US			Mailing Address P.O. BOX 4946 SEASIDE, FL 32459 US		
2. Principal Place of Business P.O. Box 611645		3. Mailing Address P.O. Box 611645			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Rosemary Beach, FL		City & State Rosemary Beach, FL		4. FEI Number 59-3515540	
Zip 32461		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32461		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEUZE, DAVID 9064 E COUNTY HWY 30A PANAMA CITY BEACH, FL 32413			7. Name and Address of New Registered Agent Name Loyd Tarver Street Address (P.O. Box Number is Not Acceptable) 180 Cullman Ave. 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 <u><i>Loyd Tarver, Association Manager</i></u> DATE <u><i>2/6/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, TYSON 198 NW SCENIC LAKE DR LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Johnson, Tyson 1198 NW Scenic Lake Dr. Lake City, FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBBER, KEVIN 203 WESTCHASE ROW HUNTSVILLE, AL 35801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALLAR, KATHY 5893 REVINGTON DRIVE NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Webber Kevin 604 Adams Street Huntsville, AL 35801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEYER, DON P.O. BOX 611052 ROSEMARY BEACH, FL 32461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNER, DAVIE PO BOX 567302 ATLANTA, GA 31156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rovner David P.O. Box 4635 Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Elizabeth Lawrence 5286 Fern Park Ct. Norcross, GA 30092 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Donald Meyer</i></u> DONALD MEYER DATE <u><i>2/9/06</i></u> 904-443-6127 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40013531



02062006 Chg-NP CR2E037 (11/05)