


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90034 022 ****61.25

DOCUMENT # N96000005256

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



Principal Place of Business
P.O. BOX 611645
ROSEMARY BEACH, FL 32461 US

Mailing Address
P.O. BOX 611645
ROSEMARY BEACH, FL 32461 US

40044555



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02142008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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

TARRER, LOYD
180 CULLMAN AVE
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name **TARVER, LOYD**

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 *Loyd Tarver*, Loyd Tarver Assoc. Mgr. 3/6/08

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, 2008

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	DS GUNRINO-SANDERS, BRAD 10771 ISOLA BELLA CT. MIROMAR LAKES, FL 33913 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEBBER, KAVIN X Delete 604 ADDAMS STREET HUNTSVILLE, AL 35801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEYER, DON <input type="checkbox"/> Delete 4331 GADSDEN CT JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALLAR, KATHERINE <input type="checkbox"/> Delete 5893 REVINGTON DR NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURPHREE, JAMES <input type="checkbox"/> Delete 389 JAMES STREET OZARK, AL 36360
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	<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

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: *Donald Meyer* DONALD MEYER MARCH 8, 2008 904 443 6127

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