


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90155 024 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3515540**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PRITCHETT, WALTER R
~~ARNSDORFF REAL ESTATE & DEVLMT~~
**2129 S CO HWY 83
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ELLIOT, BURRELL	
STREET ADDRESS	25 BRENDA LANE	
CITY-ST-ZIP	PANAMA CITY FL 32413	
TITLE	V	<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	D	<input type="checkbox"/> Delete
NAME	BURSAW, DOLAN	
STREET ADDRESS	4556 AMBERRY CT	
CITY-ST-ZIP	DORAVILL GA 30360	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, LARRY	
STREET ADDRESS	3403 E. BREW ROAD	
CITY-ST-ZIP	SIGNAL MOUNTAIN TN 37377	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DOV	<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	DST	<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		<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)(l), 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: *SKATHY BALLAR* **4-11-03** **770-448-5603**

CR2E037 (10/02)