SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:44

DOCUMENT # **762038** **(8)**

1. Corporation Name

SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DUNE-ALLEN REALTY ~~ROUTE 1, BOX 3710~~ 5200 WEST Hwy C-3A SANTA ROSA BCH FL 32459	% DUNE-ALLEN REALTY ROUTE 1, BOX 3710 SANTA ROSA BCH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1982
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2503218 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DUNE-ALLEN REALTY
~~ROUTE 1, BOX 3710~~ 5200 WEST Hwy C-3A
SANTA ROSA BCH. FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, HERRIETTA W	12 NAME	
STREET ADDRESS	RT 1 BOX 969 #6	13 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	WOODS, BERNARD	22 NAME	
STREET ADDRESS	8002 SHERETON RD.	23 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CADOGEN, RONALD	32 NAME	
STREET ADDRESS	9280 NORTHLAKE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HEPLER, CHERYL	42 NAME	
STREET ADDRESS	96 SCENIC DR.	43 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BRUNSON, MARIANNE	52 NAME	
STREET ADDRESS	2226 ROSEMONT DR.	53 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HERRIETTA McARDLE 7-31-95 904-267-3121
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
by Patricia A Cotter, Manager

0017625