

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **762038** (8)

1. Corporation Name

SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% DUNE-ALLEN REALTY
5200 WEST HWY C-3A
SANTA ROSA BCH FL 32459
US

% DUNE-ALLEN REALTY
ROUTE 1, BOX 3710
SANTA ROSA BCH FL 32459

3. Date Incorporated or Qualified
02/19/1982

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNE-ALLEN REALTY
ROUTE 1, BOX 3710
SANTA ROSA BCH. FL 32459

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **MCARDLE, HERRIETTA W**
STREET ADDRESS **RT 1 BOX 969 #6**
CITY - ST - ZIP **SANTA ROSA BCH FL**

TITLE ☐ DELETE

NAME **STD WOODS, BERNARD**
STREET ADDRESS **8002 SHERETON RD.**
CITY - ST - ZIP **HUNTSVILLE AL**

TITLE ☐ DELETE

NAME **D CADOGAN, RONALD**
STREET ADDRESS **9280 NORTHLAKE DR.**
CITY - ST - ZIP **ROSWELL GA**

TITLE ☐ DELETE

NAME **D HEPLER, CHERYL**
STREET ADDRESS **96 SCENIC DR.**
CITY - ST - ZIP **HUNTSVILLE AL**

TITLE ☐ DELETE

NAME **D BRUNSON, MARIANNE**
STREET ADDRESS **2226 ROSEMONT DR.**
CITY - ST - ZIP **MONTGOMERY AL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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.

RONALD CADOGAN - PRES.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-96

Date

904-267-2121

Daytime Phone #

CR2E037 (12/95)