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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90135 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762038

1. Corporation Name
SEACLIFFS TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business 5200 W HWY SUITE C-30A SANTA ROSA BCH FL 32459 US	Mailing Address 5200 W HWY SUITE C-30A SANTA ROSA BCH FL 32459 US
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2. Principal Place of Business 21 10221 Hwy 98, west Suite, Apt. #, etc. 22 #23 City & State 23 Destin, FL Zip Country 24 32541 25 US	2a. Mailing Address 26 P.O. Box 6225 Suite, Apt. #, etc. 27 City & State 28 Destin, FL Zip Country 29 32541 30 US	3. Date Incorporated or Qualified 02/19/1982 4. FEI Number 59-2503218 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent DUNE-ALLEN REALTY 5200 W HWY SUITE C-30A SANTA ROSA BCH. FL 32459	10. Name and Address of New Registered Agent 81 Name Gelder, Ralph 82 Street Address (P.O. Box Number is Not Acceptable) 10221 Hwy 98, Suite23 83 84 City Destin FL 85 Zip Code 32541
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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 *Ralph Gelder* DATE 4/6/99
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	D MCARDLE, HERRIETTA W <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARDLE, HERRIETTA W	1.2 NAME	
STREET ADDRESS	RT 1 BOX 969 #6	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOURNOY, CLAY	2.2 NAME	
STREET ADDRESS	295 LSU AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA 70808	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADOGAN, RONALD	3.2 NAME	
STREET ADDRESS	9280 NORTHLAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARDLE, HENRIETTA	4.2 NAME	
STREET ADDRESS	106 TRISTA TERR CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNSON, MARIANNE	5.2 NAME	
STREET ADDRESS	2226 ROSEMONT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JUNE	6.2 NAME	
STREET ADDRESS	P.O. BOX 4114 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36103	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Henrietta W. McCardle* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 850-650-0639
Date Daytime Phone #

CR2E037 (1/98)