

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747757

Entity Name: SEA CABINS OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1030 SCENIC GULF DR.
DESTIN, FL 32550**Current Mailing Address:**4300 LEGENDARY DRIVE
SUITE 280
DESTIN, FL 32541 US**FEI Number:** 59-1955601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
348 S.W. MIRACLE STRIP PARKWAY
SUITE 7
FORT WALTON BEACH, FL 32548 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name WASTLER, KEN
Address 35 GARDEN BAY COURT
City-State-Zip: MIRAMAR BEACH FL 32550

Title VP
Name ROGER, KAHLE
Address 11659 SYMMES CREEK DR.
City-State-Zip: LOVELAND OH 45140

Title D
Name WASTLER, DAVID
Address 13623B GOOD INTENT RD.
City-State-Zip: UNION BRIDGE MD 21791

Title DIRECTOR
Name PARKER, JUDY
Address 1334 HAYNE ROAD
City-State-Zip: MEMPHIS TN 38119

Title D
Name PETERSON, ROYAL
Address 13965 BIRMINGHAM HIGHWAY
City-State-Zip: ALPHRETTA GA 30004

Title P
Name BAINTON, BARRY
Address 425 MORGAN FALLS CHASE
City-State-Zip: CANTON GA 30114

Title PRESIDENT
Name MUSE, JOHN
Address 1760 SAWNEE OAKS LANE
City-State-Zip: CUMMING GA 30040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MUSE

PRESIDENT

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date