

2019 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:**C/O WILLA MERRIOTT REALTY, INC.
P.O. BOX 9294
MIRAMAR BEACH , FL 32550 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	P
Name	BAINTON, BARRY
Address	1416 RAVEN ROCK TRAIL
City-State-Zip:	KENNESAW GA 30152

Title	D
Name	WASTLER, DAVID
Address	12761 HINEY RD.
City-State-Zip:	KEYMAR MD 21757

Title	DIRECTOR
Name	WARDLAW, PAUL
Address	P. O. BOX 331
City-State-Zip:	SOUTHAVEN MS 38671

Title	DIRECTOR
Name	WILLIS, JASON
Address	8908 SE 1ST ST.
City-State-Zip:	BLUE SPRINGS MO 64064

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: KEN WASTLER**TD****03/28/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date