

**2016 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 D  
Name WASTLER, DAVID  
Address 13623B GOOD INTENT RD.  
City-State-Zip: UNION BRIDGE MD 21791

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

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

*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** \_\_\_\_\_

**TREASURER**

**04/08/2016**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date