1630 SCENI	C GULF DR. EACH, FL 32550 US			
FEI Number: 59-2373299			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
PIERCE, DWIG 1630 SCENIC ( DESTIN, FL 32	GULF DR			
The above named	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	: DWIGHT PIERCE			04/23/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PR	Title	VP	
Name	SAUR, MIKE	Name	PETERSON, DON	
Address	13218 TRAIL HOLLOW DRIVE	Address	2663 WARWICK DR	
City-State-Zip:	HOUSTON TX 77079	City-State-Zip:	LEAGUE CITY TX 77573	
Title	MAL	Title	TRS	
Name	PALMER, MELINDA	Name	KILLIAN, JOHN	
Address	1630 SCENIC GULF DR UNIT 8H	Address	20 SUMMER PLACE LANE	
City-State-Zip:	DESTIN FL 32550	City-State-Zip:	SANTA ROSA BEACH FL 3255	50
Title	SECRETARY			
Name	JACKSON, THOMAS			
Address	1630 SCENIC GULF DRIVE UNIT 8E			
City-State-Zip	DESTIN EL 32550			

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: THOMAS JACKSON

Electronic Signature of Signing Officer/Director Detail

04/23/2015

Apr 23, 2015 Secretary of State CC8304137742

FILED

**Current Principal Place of Business:** 

1630 SCENIC GULF DR. MIRAMAR BEACH, FL 32550

**DOCUMENT# 770896** 

## **Current Mailing Address:**

City-State-Zip: DESTIN FL 32550

Date

## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SEACOVE CONDOMINIUM OWNERS' ASSOCIATION, INC.