

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736180 (1)
1. Corporation Name
THE SEASCAPE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**100 SEASCAPE DR
DESTIN FL 32541** **100 SEASCAPE DR
DESTIN FL 32541**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1976		3a. Date of Last Report 03/15/1995	
21		26		4. FEI Number 58-1315110		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OSBORN, MARK E. 100 SEASCAPE DRIVE DESTIN FL 32541				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OSBORN, MARK			1.2 NAME			
STREET ADDRESS	100 SEASCAPE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 0			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YEATER, RAY			2.2 NAME			
STREET ADDRESS	100 SEASCAPE DR. #98 D			2.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEAN, FRANK			3.2 NAME			
STREET ADDRESS	78 COUNTRY CLUB DR. E.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 00000			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHARLES, STEPHEN H.			4.2 NAME			
STREET ADDRESS	100 SEASCAPE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 00000			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEISHER, DAVID			5.2 NAME			
STREET ADDRESS	100 SEASCAPE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRYMAN, JIM			6.2 NAME			
STREET ADDRESS	100 SEASCAPE DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/96

Date

904-837-9181

Daytime Phone #

CR2E037 (12/95)