


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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

|   |  |
|---|--|
| Principal Place of Business<br><b>100 SEASCAPE DR<br/>DESTIN FL 32541</b> | Mailing Address<br><b>100 SEASCAPE DR<br/>DESTIN FL 32541-3919</b> |
|---|--|



|                                |  |                        |  |  |  |   |  |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>06/18/1976</b>                             |  | 3a. Date of Last Report<br><b>02/27/1996</b>  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>58-1315110</b>   |  | Applied For<br>Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 24 Country                     |  | 29 Country             |  | 30   |  | 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          |  |  |  |
| <b>OSBORN, MARK E.</b><br><b>100 SEASCAPE DRIVE</b><br><br><b>DESTIN FL 32541</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | 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 \_\_\_\_\_ (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 checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | YEATER, RAY                                  | 2.2 NAME  | D Greve, Gerald L.  |
| STREET ADDRESS             | 100 SEASCAPE DR. #98 D                       | 2.3 STREET ADDRESS                                    | 2143 Madison Ave. NW  |
| CITY-ST-ZIP                | DESTIN FL                                    | 2.4 CITY-ST-ZIP                                       | Cullman, AL 35055   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DEAN, FRANK                                  | 3.2 NAME  | Dean, Frank   |
| STREET ADDRESS             | 78 COUNTRY CLUB DR. E.                       | 3.3 STREET ADDRESS                                    | 78 Country Club Dr. E.  |
| CITY-ST-ZIP                | DESTIN, FL 00000                             | 3.4 CITY-ST-ZIP                                       | Destin, FL 32541  |
| 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 checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | PERRYMAN, JIM                                | 6.2 NAME  | D Ramey, David  |
| STREET ADDRESS             | 100 SEASCAPE DR.                             | 6.3 STREET ADDRESS                                    | 100 Seascape Drive  |
| CITY-ST-ZIP                | DESTIN FL                                    | 6.4 CITY-ST-ZIP                                       | Destin, FL 32541  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frank Dean 2/12/97 904-837-9181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073701

CR2E037 (9/96)