

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90041 040 \*\*\*\*61.25

DOCUMENT # 736180

1. Entity Name

THE SEASCAPE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 SEASCAPE DR  
DESTIN FL 32541100 SEASCAPE DR  
DESTIN FL 32541-3919

00015711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

58-1315110

Applied  
Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSBORN, MARK E.  
100 SEASCAPE DRIVE  
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	OSBORN, MARK	
STREET ADDRESS	100 SEASCAPE DRIVE	
CITY-ST-ZIP	DESTIN, FL 0	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREVE, GERALD L.	
STREET ADDRESS	2143 MADISON AVE NW	
CITY-ST-ZIP	CULLMAN AL	

TITLE	D	<input type="checkbox"/> Change
NAME	Fred D. Gray	
STREET ADDRESS	3264 Wind Shadow Cove	
CITY-ST-ZIP	Memphis, TN 38125	

TITLE	T	<input type="checkbox"/> Delete
NAME	BETSY MOONEYHAM	
STREET ADDRESS	VILLA 62-A SEASCAPE RESORT	
CITY-ST-ZIP	DESTIN, FL 00000 32541	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHARLES, STEPHEN H.	
STREET ADDRESS	100 SEASCAPE DRIVE	
CITY-ST-ZIP	DESTIN, FL 00000	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	FLEISHER, DAVID	
STREET ADDRESS	100 SEASCAPE DRIVE	
CITY-ST-ZIP	DESTIN FL	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, JAMES D	
STREET ADDRESS	VILLA 85 B, SEASCAPE RESORT	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 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 10 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 20, 2000 8:50-8:57

Date

Daytime Phone #