1/22/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-22-2001 90130 038 ****70.00

DOCUMENT # 737159

1. Entity Name

SEAFARER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16401 PERDIDO KEY DRIVE PENSACOLA FL 32507	16401 PERDIDO KEY DRIVE PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1755115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIFFITH, BURR 16401 PERDIDO KEY DR. PENSACOLA FL 32507	Name: Hixon, Frank Street Address (P.O. Box Number is Not Acceptable): 16401 Perdido Key Dr. City: Pensacola **FL** Zip Code: 32507

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: Frank Hixon Frank Hixon, Pres. 01-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANAUX, MICHAEL 16401 PERDIDO KEY DR. PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Hixon, Frank 16401 Perdido Key Dr. Pensacola, FL. 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUE, THOMAS 16401 PERDIDO KEY DR. PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Boyd, Charles 16401 Perdido Key Dr. Pensacola, FL. 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DENNIS, ROBERT 16401 PERDIDO KEY PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Yeakle, Ronald 16401 Perdido Key Dr. Pensacoal, FL. 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ T LEWIS, CLAUDIA 16401 PERDIDO KEY DR. PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JONES, MARGORIE 16401 PERDIDO KEY PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Grace, Linda 16401 Perdido Key Dr. Pensacola, FL. 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Frank Hixon 01-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #