

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 11:09

DOCUMENT # **739947** (0)
1. Corporation Name
SEASCAPE, PHASE TWO, ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P O BOX 1666 DESTIN FL 32540 P O BOX 1666 DESTIN FL 32540

3. Date Incorporated or Qualified **08/19/1977** 3a. Date of Last Report **02/24/1994**
4. FEI Number **59-1788673** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOME OWNERS MGT ENTER., INC.
757 HIGHWAY 98 E STE. 13
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE INA BARFIELD Ina Barfield 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DANEY, JUDY
STREET ADDRESS	204 HARBOR LANE
CITY-ST-ZIP	DESTIN FL
TITLE	D
NAME	HOLLOMAN, JAC
STREET ADDRESS	1100 TWIN BRANCH LANE
CITY-ST-ZIP	ATLANTA GA
TITLE	STD
NAME	HARPER, DIANE
STREET ADDRESS	100 SEASCAPE DR. UNIT 59-B
CITY-ST-ZIP	DESTIN FL
TITLE	VP
NAME	LITRELL, DON
STREET ADDRESS	1409 N. BADEN
CITY-ST-ZIP	GATLINBURG TN
TITLE	P
NAME	HARRIS, JAMES W
STREET ADDRESS	786 BEAL, SUITE G
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12..

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DON LITRELL	
1.3 STREET ADDRESS	276 CHESTANA	
1.4 CITY-ST-ZIP	LOUDEN, TN 37774	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	G. H. ZARR	
2.3 STREET ADDRESS	4029 S. LAKEWOOD	
2.4 CITY-ST-ZIP	MEMPHIS, TN 38128	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUDY DAILEY	
3.3 STREET ADDRESS	704 HARBOR LANE	
3.4 CITY-ST-ZIP	DESTIN, FL 32541	
4.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES WHATLEY	
4.3 STREET ADDRESS	2933 BERKELEY DRIVE	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35242	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CARROLL K. BRINER	
5.3 STREET ADDRESS	96 TOMAHAWK CR.	
5.4 CITY-ST-ZIP	PELHAM, AL 35124	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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 authorized to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: Judy Dailey Judy Dailey 2/1-95
Signature and typed or printed name of signing officer or director. (Date)