

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 # 739947 (0)

1. Corporation Name

SEASCAPE, PHASE TWO, ASSOCIATION, INC.

Principal Place of Business

P O BOX 1666
DESTIN FL 32540

Mailing Address

P O BOX 1666
DESTIN FL 32540



3. Date Incorporated or Qualified
08/19/1977

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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
P.O. BOX 1666 NA
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 INA BARFIELD
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

1-26-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD - D
LITRELL, DON
STREET ADDRESS 276 CHEESTANA
CITY-ST-ZIP LOUDEN TN

TITLE ☐ DELETE

NAME VP - D
ZARR, G.H.
STREET ADDRESS 4029 S. LAKEWOOD
CITY-ST-ZIP MEMPHIS TN

TITLE ☐ DELETE

NAME XS
DAILEY, JUDY
STREET ADDRESS 704 HARBOR LANE
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE

NAME D
WHATLEY, JAMES
STREET ADDRESS 2933 BERKELEY DRIVE
CITY-ST-ZIP BIRMINGHAM AL

TITLE ☒ DELETE

NAME D
BRINER, CARROLL K.
STREET ADDRESS 96 TOMAHAWK CIRCLE
CITY-ST-ZIP PELHAM AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T CAL BLACKSTONE
P.O. Box 284
BAINBRIDGE, GA 31717

\$ Deposited By Bank
2/8/96

1-27-96
3-22-96

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

Date

Daytime Phone #

CR2E037 (12/95)