

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>P O BOX 1666 DESTIN FL 32540</b>	Mailing Address <b>P O BOX 1666 DESTIN FL 32540</b>
--	--

3. Date Incorporated or Qualified <b>08/19/1977</b>	3a. Date of Last Report <b>03/06/1995</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
--	---	---------------	---------------

4. FEI Number <b>59-1788673</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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  
**HOME OWNERS MGT ENTER., INC.  
 757 HIGHWAY 98 E STE. 13  
 P.O. BOX 1666 NA  
 DESTIN FL 32541**

10. Name and Address of New Registered Agent  
 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 *Ina Barfield* **1-26-96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD - D	<input type="checkbox"/> DELETE
NAME	LITRELL, DON	
STREET ADDRESS	276 CHEESTANA	
CITY-ST-ZIP	LOUDEN TN	
TITLE	VP - D	<input type="checkbox"/> DELETE
NAME	ZARR, G.H.	
STREET ADDRESS	4029 S. LAKEWOOD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	<del>XS</del>	<input type="checkbox"/> DELETE
NAME	DAILEY, JUDY	
STREET ADDRESS	704 HARBOR LANE	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHATLEY, JAMES	
STREET ADDRESS	2933 BERKELEY DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRINER, CARROLL K.	
STREET ADDRESS	96 TOMAHAWK CIRCLE	
CITY-ST-ZIP	PELHAM AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>T CAL BLACKSTONE</b>
5.3 STREET ADDRESS	<b>P.O. Box 284</b>
5.4 CITY-ST-ZIP	<b>BAINBRIDGE, GA 31717 (N/A)</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>\$ Deposited by Bank</b>
6.3 STREET ADDRESS	<b>2/8/96</b>
6.4 CITY-ST-ZIP	<b>3-22-96</b>

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: Judy Dailey *Judy Dailey* **1-27-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)