


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739947** (0)

1. Corporation Name

SEASCAPE, PHASE TWO, ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1666
DESTIN FL 32540

P O BOX 1666
DESTIN FL 32540-1666



3. Date Incorporated or Qualified **08/19/1977** 3a. Date of Last Report **03/22/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1788673		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		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
DESTIN FL 32541

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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

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

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITRELL, DON	1.2 NAME	
STREET ADDRESS	276 CHESTANA	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUDEN TN	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARR, G H	2.2 NAME	
STREET ADDRESS	4029 S. LAKEWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JUDY	3.2 NAME	
STREET ADDRESS	704 HARBOR LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHATLEY, JAMES	4.2 NAME	
STREET ADDRESS	2933 BERKELEY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKSTONE, CAL	5.2 NAME	
STREET ADDRESS	P.O. BOX 284 (N/A)	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA 31717	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Director
STREET ADDRESS		6.3 STREET ADDRESS	Jim Harris
CITY-ST-ZIP		6.4 CITY-ST-ZIP	P O Box 1048 (N/A)
			Fort Walton Bch, FL 32549

14. I do 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 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 OF REGISTERED AGENT

CR2E037 (9/96)

(904) 654-2981
3-11-97