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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

3. Date Incorporated or Qualified

08/19/1977

4. FEI Number

59-1788673

Applied For

Not Applicable

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

25

29

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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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOME OWNERS MGT ENTER., INC.
~~757 HIGHWAY 90 E. STE. 13~~
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

130 Benning Drive

83 Suite # 4

84 City **Destin**

FL 85 Zip Code **32541**

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

Wanda B. Gentry

3/12/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HARRIS, JIM**
STREET ADDRESS **P.O. BOX 1048 N/A**
CITY-ST-ZIP **FT. WALTON BEACH FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **CHEOVILLE, DOT**
1.3 STREET ADDRESS **1602 RUE LE MANS**
1.4 CITY-ST-ZIP **SLIDELL, LA. 70458**

TITLE **VPD** ☐ DELETE
NAME **ZARR, G H**
STREET ADDRESS **4029 S. LAKEWOOD**
CITY-ST-ZIP **MEMPHIS TN**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **ZARR, GERRY**
2.3 STREET ADDRESS **812 Kiyuga LANE**
2.4 CITY-ST-ZIP **LODON, TN 37774**

TITLE **S** ☐ DELETE
NAME **DAILEY, JUDY**
STREET ADDRESS **704 HARBOR LANE**
CITY-ST-ZIP **DESTIN FL**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **DAILEY, JUDY**
3.3 STREET ADDRESS **704 HARBOR LANE**
3.4 CITY-ST-ZIP **DESTIN, FLORIDA 32541**

TITLE **P** ☐ DELETE
NAME **WHATLEY, JAMES**
STREET ADDRESS **2933 BERKELEY DRIVE**
CITY-ST-ZIP **BIRMINGHAM AL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **BLACKSTONE, CAL**
STREET ADDRESS **P.O. BOX 284 (N/A)**
CITY-ST-ZIP **BAINBRIDGE GA 31717**

5.1 TITLE **ST** ☐ Change ☒ Addition
5.2 NAME **MOONEYHAM, BETSY**
5.3 STREET ADDRESS **100 SEASCAPE DRIVE, UNIT 62-A**
5.4 CITY-ST-ZIP **DESTIN, FLORIDA 32541**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

3/12/98 850 6542981

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