


FILE NOW: FILING FEE IS \$61.25

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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 P O BOX 1686 DESTIN FL 32540	Mailing Address P O BOX 1686 DESTIN FL 32540
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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 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	130 Benning Drive
83	Suite # 4
84 City	Destin
85 State	FL
86 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 *Ana Berfield* DATE **3/12/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	HARRIS, JIM	1.2 NAME	CHEVILLE, DOT
STREET ADDRESS	P.O. BOX 1048 N/A	1.3 STREET ADDRESS	1602 RUE LE MANS
CITY-ST-ZIP	FT. WALTON BEACH FL	1.4 CITY-ST-ZIP	SLIDELL, LA. 70458
TITLE	VPD	2.1 TITLE	D
NAME	ZARR, G H	2.2 NAME	ZARR, GERRY
STREET ADDRESS	4029 S. LAKEWOOD	2.3 STREET ADDRESS	812 Kiyuga LANE
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	LOLONDON, TN 37774
TITLE	S	3.1 TITLE	VP
NAME	DAILEY, JUDY	3.2 NAME	DAILEY, JUDY
STREET ADDRESS	704 HARBOR LANE	3.3 STREET ADDRESS	704 HARBOR LANE
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	DESTIN, FLORIDA 32541
TITLE	P	4.1 TITLE	
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	5.1 TITLE	ST
NAME	BLACKSTONE, CAL	5.2 NAME	MOONEYHAM, BETSY
STREET ADDRESS	P.O. BOX 284 (N/A)	5.3 STREET ADDRESS	100 SEASCAPE Drive, Unit 62-A
CITY-ST-ZIP	BAINBRIDGE GA 31717	5.4 CITY-ST-ZIP	DESTIN, FLORIDA 32541
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* DATE: **3/12/98** PHONE: **850 654-2981**

CR2E037 (10/97)