

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90004 012 ****61.25

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DOCUMENT # 739947

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



1 2 3 4 5 6 7 8 9 10 11 12
123880 90004 12

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/19/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1788673

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOME OWNERS MGT ENTER., INC.
120 BENNING DR
SUITE 4
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

JERRY W. MATTHIAS - Assoc MGR - 1/20/99
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
NAME CHEDVILLE, DOT
STREET ADDRESS 1602 RUE LE MANS
CITY-ST-ZIP SLIDELL LA 70458 ☒ DELETE

1.1 TITLE D
1.2 NAME Russell, Jack
1.3 STREET ADDRESS P.O. Box 6302
1.4 CITY-ST-ZIP Diamondhead, MS. 39525 ☐ Change ☒ Addition

TITLE D
NAME ZAAR, GERRY
STREET ADDRESS 2112 KIYUGA LN
CITY-ST-ZIP LOUDON TN 37774 ☒ DELETE

2.1 TITLE D
2.2 NAME Caldwell, IRA
2.3 STREET ADDRESS 100 Seascape Drive, Unit 43-A
2.4 CITY-ST-ZIP Destin, Florida 32541 ☐ Change ☒ Addition

TITLE VP
NAME DAILEY, JUDY
STREET ADDRESS 704 HARBOR LN
CITY-ST-ZIP DESTIN FL 32541 ☐ DELETE

3.1 TITLE ST
3.2 NAME Dailey, Judy
3.3 STREET ADDRESS 704 Harbor Lane
3.4 CITY-ST-ZIP Destin, FL. 32541 ☒ Change ☐ Addition

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

4.1 TITLE VP
4.2 NAME Carlson, Kenneth
4.3 STREET ADDRESS 3825 Elm Avenue
4.4 CITY-ST-ZIP Montgomery AL 36109 ☐ Change ☒ Addition

TITLE ST
NAME MOONEYHAM, BETSY
STREET ADDRESS 100 SEASCAPE DR SUITE 62A
CITY-ST-ZIP DESTIN FL 32541 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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, with all other like empowered.

SIGNATURE:

JERRY W. MATTHIAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-99 654 2981

CR2E037 (11/98)