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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 739947

1. Corporation Name

SEASCAPE, PHASE TWO, ASSOCIATION, INC.

1 2 3 90004 12
123880

Principal Place of Business

P O BOX 1666
DESTIN FL 32540

Mailing Address

P O BOX 1666
DESTIN FL 32540



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

25

29

30

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 - 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 CHEDVILLE, DOT
NAME
STREET ADDRESS 1602 RUE LE MANS
CITY-ST-ZIP SLIDELL LA 70458

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

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

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

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

3.1 TITLE ST
3.2 NAME Dailey, Judy
3.3 STREET ADDRESS 704 Harbor Lane
3.4 CITY-ST-ZIP Destin, Fl. 32541

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

4.1 TITLE UP
4.2 NAME Carlson, Kenneth
4.3 STREET ADDRESS 3825 Elm Avenue
4.4 CITY-ST-ZIP Montgomery AL 36109

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-22-99 654 2981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)