

.2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90165 019 ****61.25

DOCUMENT # 739947

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1788673

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOME OWNERS MGT ENTER., INC.
910 AIRPORT RD
SUITE A-5
DESTIN FL 32541

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Stanley Mutyman, Association Manager 1/25/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, TAYLOR	
STREET ADDRESS	ROUTE 1, BOX 135	
CITY-ST-ZIP	RED LEVEL AL 36474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, IRA	
STREET ADDRESS	100 SEASCAPE DR UNIT 43A	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARRETT, RICKI	
STREET ADDRESS	114 CEDAR CREST DRIVE	
CITY-ST-ZIP	CLINTON MS 39056	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, IRA	
STREET ADDRESS	5385 MEADOW BROOK RD	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, KENNETH	
STREET ADDRESS	3825 ELM AVE	
CITY-ST-ZIP	MONTGOMERY AL 36109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JAMES	
STREET ADDRESS	P.O. BOX 1048	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32549	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOONEYHAM, BETSY	
STREET ADDRESS	100 SEASCAPE DRIVE, UNIT 62-A	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betsy Mooneyham 1-26-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)