

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0000312

DOCUMENT # 739947

1. Entity Name

SEASCAPE, PHASE TWO, ASSOCIATION, INC.

02-07-2002 90061 004 ****61.25

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1788673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOME OWNERS MGT ENTER., INC.
912 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

Maureen Maitrean 1/22/02

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 **P** ☐ Delete
 NAME **THOMAS, TAYLOR**
 STREET ADDRESS **ROUTE 1, BOX 135**
 CITY-ST-ZIP **RED LEVEL AL 36474**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **HARRIS, JAMES**
 STREET ADDRESS **PO BOX 1048**
 CITY-ST-ZIP **FT WALTON FL 32549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☒ Delete
 NAME **GARRETT, RICKI**
 STREET ADDRESS **114 CEDAR CREST DRIVE**
 CITY-ST-ZIP **CLINTON MS 39056**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **MOONEYHAM, BETSY**
 STREET ADDRESS **100 SEASCAPE DR UNIT 62-A**
 CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CARLSON, KENNETH**
 STREET ADDRESS **3825 ELM AVE**
 CITY-ST-ZIP **MONTGOMERY AL 36109**

TITLE ☐ Change ☒ Addition
 NAME **Director Robert Harkins**
 STREET ADDRESS **100 Seascape Drive #62B**
 CITY-ST-ZIP **Destin, FL 32550**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director Frank Dean**
 STREET ADDRESS **695 Cloverdale Road**
 CITY-ST-ZIP **Montgomery, AL 36106**

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 M. Mooneyham 1/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)