


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90270 020 ****61.25

DOCUMENT # 739947
 1. Entity 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

94076551



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

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

7. Name and Address of New Registered Agent
 Name: Waverly Maitrejean
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	THOMAS, TAYLOR	ROUTE 1, BOX 135	RED LEVEL, AL 36474	<input type="checkbox"/>
V	HARRIS, JAMES	PO BOX 1048	FT WALTON, FL 32549	<input type="checkbox"/>
P	HARKINS, ROBERT	100 SEASCAPE DRIVE 62B	DESTINE, FL 32550	<input checked="" type="checkbox"/>
ST	MOONEYHAM, BETSY	100 SEASCAPE DR UNIT 62-A	DESTIN, FL 32550	<input type="checkbox"/>
D	DEAN, FRANK	695 CLOVERDALE ROAD	MONTGOMERY, AL 36106	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V				<input checked="" type="checkbox"/>
P				<input checked="" type="checkbox"/>
D	Roney, Jimmy	3966 Forrestal Dr	Chamblee, Ga 30341	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Cummings, David	1730 Diane Dr	Anniston AL 36207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/27/04 654-3866
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #