

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1788673

Applied For
Not Applicable

Zip

Country

Zip

Country

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.
910 AIRPORT RD
SUITE A-5
DESTIN, FL 32541**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 #