
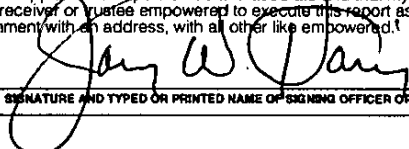


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90009 006 ****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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1788673			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MAITREJEAN, WAVERLY 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, TAYLOR		NAME	Taylor, Tom			
STREET ADDRESS	ROUTE 1, BOX 135		STREET ADDRESS	100 Seascape Drive 22-D			
CITY-ST-ZIP	RED LEVEL, AL 36474		CITY-ST-ZIP	Destin, FL 32550			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, JAMES		NAME				
STREET ADDRESS	PO BOX 1048		STREET ADDRESS				
CITY-ST-ZIP	FT WALTON, FL 32549		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RONEY, JIMMY		NAME	Brown, Timothy			
STREET ADDRESS	3966 FORRESTAL DR		STREET ADDRESS	345 Willow crest lane			
CITY-ST-ZIP	CHAMBLEE, GA 30341		CITY-ST-ZIP	Birmingham, AL 35244			
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOONEYHAM, BETSY		NAME				
STREET ADDRESS	100 SEASCAPE DR UNIT 62-A		STREET ADDRESS				
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUMMINGS, DAVID		NAME				
STREET ADDRESS	1730 DIANE DR		STREET ADDRESS				
CITY-ST-ZIP	ANNISTON, AL 36207		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME	Schaller, Richard			
STREET ADDRESS			STREET ADDRESS	138 Azure Place			
CITY-ST-ZIP			CITY-ST-ZIP	Destin, FL 32541			
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: 		James W. Harris		Date _____ Daytime Phone # _____			