2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State **DOCUMENT #739947** 03-17-2008 90022 040 ****61.25 1. Entity Name SEASCAPE, PHASE TWO, ASSOCIATION, INC. Principal Place of Business Maiting Address 40047195 P 0 BOX 1666 P 0 BOX 1666 DESTIN, FL 32540 DESTIN, FL 32540 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 Chq-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-1788673 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, WAVERLY Street Address (P.O. Box Number is Not Acceptable) 910 AIRPORT RD SUITE A-5 DESTIN, FL 32541 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ST Delete Change TITLE TITLE Addition Bogardus.T.B TAYLOR, TOM NAME NAME STREET ADDRESS 100 SEASCAPE DR 22-D STREET ADDRESS POBOX 4871 CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZP 32550-1015 Destinite Addition ☐ Change TITLE Delete Taylor, Tom 100 Seascalpe DR 22-D HARRIS, JAMES NAME NAME PO BOX 1048 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT WALTON, FL 32549 CITY-ST-ZIP 32551 rstin, Pi ☐ Delete D SMITH, ROBERT 879 ARTWOOD ROAD NE 🔽 Change ☐ Addition SMITH, ROBERT NAME NAME 345 WILLOW CREST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30307-1301 CITY-ST-ZIP BIRMINGHAM, AL 35244 ☐ Change ✓ Addition Delete TITLE MALONE, RUDNEY CARLSON, KEN NAME NAME BE CLUBHOUSE ROLLINITO 100 SEASCAPE DR UNIT 62-A STREET ADDRESS STREET ADORESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP IN 4757 X Addition 🔽 Delete TITLE ☐ Change TITLE **CUMMINGS, DAVID** MORGAN. CAROLYN NAME NAME 1730 DIANE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANNISTON, AL 36207 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete SCHAILER, RICHARD NAME NAME 138 AZURE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 agdress, with all other like empowered.

FILED Mar 17, 2008 8:00 am

Date

Daytime Phone #