



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 040 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40047195 	
City & State		City & State		02272008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1788673	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, WAVERLY 910 AIRPORT RD SUITE A-5 DESTIN, FL 32541				7. Name and Address of New Registered Agent 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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 ST	NAME TAYLOR, TOM	<input checked="" type="checkbox"/> Delete	TITLE ST	NAME Bogardus, T.B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 SEASCAPE DR 22-D	CITY-ST-ZIP DESTIN, FL 32550		STREET ADDRESS PO BOX 4871	CITY-ST-ZIP DESTIN, FL 32550-1015	
TITLE P	NAME HARRIS, JAMES	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Taylor, Tom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS PO BOX 1048	CITY-ST-ZIP FT WALTON, FL 32549		STREET ADDRESS 100 SEASCAPE DR 22-D	CITY-ST-ZIP DESTIN, FL 32550	
TITLE D	NAME SMITH, ROBERT	<input type="checkbox"/> Delete	TITLE D	NAME SMITH, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 345 WILLOW CREST LANE	CITY-ST-ZIP BIRMINGHAM, AL 35244		STREET ADDRESS 819 ARTWOOD ROAD NE	CITY-ST-ZIP ATLANTA, GA 30307-1301	
TITLE D	NAME CARLSON, KEN	<input checked="" type="checkbox"/> Delete	TITLE D	NAME MALONE, RODNEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 SEASCAPE DR UNIT 62-A	CITY-ST-ZIP DESTIN, FL 32550		STREET ADDRESS 13E CLUBHOUSE RD UNIT C	CITY-ST-ZIP SANTA CLAU, IN 47579	
TITLE VP	NAME CUMMINGS, DAVID	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME MORGAN, CAROLYN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1730 DIANE DR	CITY-ST-ZIP ANNISTON, AL 36207		STREET ADDRESS 100 SEASCAPE DR UNIT 22C	CITY-ST-ZIP DESTIN, FL 32550	
TITLE D	NAME SCHAILER, RICHARD	<input type="checkbox"/> Delete	TITLE D	NAME RONEY, JIMMY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 138 AZURE PL	CITY-ST-ZIP DESTIN, FL 32541		STREET ADDRESS 3901 FORRESTAL DRIVE	CITY-ST-ZIP CHAMBERLAIN, GA 30341	
12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					