2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 739947

Entity Name: SEASCAPE, PHASE TWO, ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1666
DESTIN, FL 32540

New Principal Place of Business:

910 AIRPORT ROAD, SUITE A-5
DESTIN, FL 32541

Current Mailing Address:

P O BOX 1666
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-1788673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, WAVERLY
910 AIRPORT RD
SUITE A-5
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	ST	( ) Delete
Name:	BOGARDUS, T.B.	
Address:	PO BOX 6871	
City-St-Zip:	DESTIN, FL 325501015	
Title:	P	( ) Delete
Name:	TAYLOR, TOM	
Address:	100 SEACAPE DR 22-D	
City-St-Zip:	DESTIN, FL 32250	
Title:	D	( ) Delete
Name:	SMITH, ROBERT	
Address:	879 ARTWOOD ROAD NE	
City-St-Zip:	ATLANTA, GA 303071301	
Title:	D	( ) Delete
Name:	RODNEY, MALONE	
Address:	13E CLUBHOUSE RD UNIT C	
City-St-Zip:	SANTA CLAUS, IN 47579	
Title:	VP	( ) Delete
Name:	MORGAN, CAROLYN	
Address:	100 SEASCAPE DR UNIT 22-C	
City-St-Zip:	DESTIN, FL 32550	
Title:	D	( ) Delete
Name:	SCHAILER, RICHARD	
Address:	138 AZURE PL	
City-St-Zip:	DESTIN, FL 32541	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MOONEYHAM, BETSY	
Address:	100 SEASCAPE DRIVE, UNIT 62-A	
City-St-Zip:	DESTIN, FL 32550	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SCHALLER, RICHARD	
Address:	138 AZURE PL	
City-St-Zip:	DESTIN, FL 32541	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TAYLOR PRES 04/29/2009

Electronic Signature of Signing Officer or Director — Date