

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739947

FILED
Feb 15, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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: VP
Name: BOGARDUS, T.B.
Address: PO BOX 6871
City-St-Zip: DESTIN, FL 325501015

Title: P
Name: TAYLOR, TOM
Address: 100 SEASCAPE DR 22-D
City-St-Zip: DESTIN, FL 32550

Title: D
Name: SMITH, ROBERT
Address: 879 ARTWOOD ROAD NE
City-St-Zip: ATLANTA, GA 303071301

Title: D
Name: MOONEYHAM, BETSY
Address: 100 SEASCAPE DRIVE, UNIT 62-A
City-St-Zip: DESTIN, FL 32550

Title: D
Name: FREITAG, PATRICIA
Address: 100 SEASCAPE DR., UNIT 39-B
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: STD
Name: SCHALLER, RICHARD
Address: 138 AZURE PL
City-St-Zip: DESTIN, FL 32541

I hereby 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 all other like empowered.

SIGNATURE: TOM TAYLOR

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02/15/2010

Electronic Signature of Signing Officer or Director

Date