

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740757

FILED  
Apr 29, 2009  
Secretary of State

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

## Current Principal Place of Business:

910 AIRPORT RD  
A-5  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1666  
DESTIN, FL 325408666

## New Mailing Address:

P O BOX 1666  
DESTIN, FL 32540

FEI Number: 59-1788680

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 A5  
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: GOODWIN, NEDRA  
Address: 100 SEASCAPE DR., UNIT 92A  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: WELLBURN, FOSTER  
Address: 212 CHERRY DRIVE  
City-St-Zip: BRANDON, MS 39042

Title: V ( ) Delete  
Name: BRUNO, JOHN  
Address: 1218 CHICKASAW DRIVE  
City-St-Zip: BRENTWOOD, TN 37027

Title: D ( ) Delete  
Name: LAMARCHE, RICHARD  
Address: 85 BONAIRE BOULEVARD  
City-St-Zip: DESTIN, FL 32550

Title: P ( ) Delete  
Name: DOLLARHIDE, BILL  
Address: 2840 BELLE CHRISTIAN CIR  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PERDUE, ED  
Address: P.O. BOX 6135  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: LAMARCHE, RICHARD  
Address: 85 BONAIRE BOULEVARD  
City-St-Zip: DESTIN, FL 32550

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM DOLLARHIDE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date