FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -6 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743109 (1)

1. Corporation Name

SEASCAPE, PHASE FOUR, ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1666 DESTIN FL 32540-1666	P O BOX 1666 DESTIN FL 32540-1666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1978
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1941316 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HOME OWNERS MANAGEMENT ENTERPRISES, INC
757 HWY 98 STE 13
DESTIN, FLORIDA
32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: INA BARFIELD Ina Barfield 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RAPP, WILLIAM	1.2 NAME	
STREET ADDRESS	2475 HAWKHURST ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, OTTO	2.2 NAME	
STREET ADDRESS	812 CULLODEN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EITEL, ROBERT	3.2 NAME	
STREET ADDRESS	50 PARK TIMBERS CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	STD ☐ Change ☑ Addition
NAME	BOOTZ, ROBERT	4.2 NAME	DR JAMES CARTER
STREET ADDRESS	100 SEASCAPE DRIVE, 71A	4.3 STREET ADDRESS	100 SEASCAPE DRIVE 85-B
CITY-ST-ZIP	DESTIN, FL 00000	4.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VICKERS, OWEN	5.2 NAME	
STREET ADDRESS	3202 N WOOLBRIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	AA 2/13
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D Carter JAMES D. CARTER 1-29-95 862-1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021340