FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **06/02/1978**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HOME OWNERS MANAGEMENT ENTERPRISES, INC
757 HWY 98 STE 13
DESTIN FL 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: INA BARFIELD Ina Barfield 1-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	RAPP, WILLIAM		12 NAME		
STREET ADDRESS	2475 HAWKHURST ST.		13 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		14 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	21 TITLE	VP	☒ Change ☐ Addition
NAME	TUCKER, OTTO		22 NAME	DEAN DIGNAM	
STREET ADDRESS	812 CULLODEN RD.		23 STREET ADDRESS	100 SEASCAPE DR 71-B	
CITY-ST-ZIP	ST. LOUIS MO		24 CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	EITEL, ROBERT		32 NAME		
STREET ADDRESS	50 PARK TIMBERS CT.		33 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		34 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CARTER, DR. JAMES		42 NAME		
STREET ADDRESS	100 SEASCAPE DRIVE 85-B		43 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	VICKERS, OWEN		52 NAME		
STREET ADDRESS	3202 N WOOLBRIDGE RD		53 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 M Rapp 1-29-96 (904) 837-7395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #