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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 ~~1000~~ 1748 DESTIN FL 32540-~~1000~~	P O BOX ~~1000~~ 1748 DESTIN FL 32540-~~1000~~

3. Date Incorporated or Qualified: 06/02/1978
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (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~~
~~767 HWY 98 STE 13~~
~~DESTIN FL 32541~~

10. Name and Address of New Registered Agent

81 Name: Bobbie T. Cosper Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 225 Main St. Suite 3 P.O. Box 1748
83
84 City: DESTIN FL 85 Zip Code: 32541

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: Bobbie T. Cosper — Bobbie T. Cosper — 4-27-97
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	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	RAPP, WILLIAM		1.2 NAME	DR. WALTER C. RUSSO	
STREET ADDRESS	2475 HAWKHURST ST.		1.3 STREET ADDRESS	U112 75A SEASCAPE RESORT	
CITY-ST-ZIP	MEMPHIS TN 38119		1.4 CITY-ST-ZIP	100 SEASCAPE DR. DESTIN, FL 32541	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIGNAM, DEAN		2.2 NAME		
STREET ADDRESS	100 SEASCAPE DRIVE, 71-B		2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	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	~~VP~~ SECRETARY	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, DR. JAMES		4.2 NAME		
STREET ADDRESS	100 SEASCAPE DRIVE 85-B		4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~VICKERS, OWEN~~		5.2 NAME		
STREET ADDRESS	~~2302 N WOODBRIDGE RD~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~BIRMINGHAM AL~~		5.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES H. PENCE		6.2 NAME		
STREET ADDRESS	29 POPLAR HILL RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40207	ADDITION	6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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.