

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743109** (1)

1. Corporation Name

SEASCAPE, PHASE FOUR, ASSOCIATION, INC.



Principal Place of Business	Mailing Address
P.O. BOX 1748 DESTIN FL 32540 US	P.O. BOX 1748 DESTIN FL 32540 US

2. Principal Place of Business	2a. Mailing Address
21 11625 US Hwy 98 W	26 PO Seacrest Association Mgmt
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
Destin, FL	Destin, FL
24 Zip	29 Zip
32541	32541
25 Country	30 Country
USA	USA

3. Date Incorporated or Qualified	
06/02/1978	
4. FEI Number	Applied For
59-1941316	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. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CASPER, BOBBIE T 225 MAIN ST STE. 3 DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name Dan Scott
82 Street Address (P.O. Box Number is Not Acceptable)
PO Seacrest Association Management Inc.
83 155 Poinciana Blvd
84 City Destin
85 State FL
86 Zip Code 32541

11. Pursuant to the provisions of Sections 617.0503 and 617.1903, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and accept the obligation of Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE **4/23/98**

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PD RAPP, WILLIAM
STREET ADDRESS	2475 HAWKHURST ST.
CITY-ST-ZIP	MEMPHIS TN
TITLE	☐ DELETE
NAME	VP DIGNAM, DEAN
STREET ADDRESS	100 SEASCAPE DRIVE, 71-B
CITY-ST-ZIP	DESTIN FL
TITLE	☒ DELETE
NAME	T RUSSO, DR. WALTER C
STREET ADDRESS	VILLA 75A SEASCAPE RESORT, 100 SEASCAPE DR
CITY-ST-ZIP	DESTIN FL
TITLE	☐ DELETE
NAME	S CARTER, DR. JAMES
STREET ADDRESS	100 SEASCAPE DRIVE 85-B
CITY-ST-ZIP	DESTIN FL
TITLE	☒ DELETE
NAME	D PENCE, CHARLES H
STREET ADDRESS	29 POPLAR HILL RD
CITY-ST-ZIP	LOUISVILLE KY
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	S/T D Carter, Dr. James
1.3 STREET ADDRESS	100 Seacape Drive 85-B
1.4 CITY-ST-ZIP	Destin, FL 32541
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Dignam, Dean
2.3 STREET ADDRESS	100 Seacape Drive 71-B
2.4 CITY-ST-ZIP	Destin, FL 32541
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Sakellandes, George
3.3 STREET ADDRESS	320 Spring Valley Ct
3.4 CITY-ST-ZIP	Huntsville, AL 35802
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	VD Ridgway, Jill
4.3 STREET ADDRESS	9827 Wilddeer Road
4.4 CITY-ST-ZIP	St. Louis, Missouri 63124
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE _____ DATE **4/23/98**

CR2E037 (10/97)