2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90080 050 ****61.25

0094156

DOCUMENT # 743109

1. Entity Name

SEASCAPE, PHASE FOUR, ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~12273 U S HIGHWAY 98~~ ~~SUITE 208~~ DESTIN FL 32550 US	~~C/O SUNCOAST ASSOCIATION MGMT~~ ~~12273 US HWY 98 STE 208~~ DESTIN FL 32550 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~1096 Scenic Gulf Drive~~ Grand Shores Management Grp Inc	Grand Shores Management Grp, Inc
Suite, Apt. #, etc. 1096 Scenic Gulf Drive, Ste C-102B	Suite, Apt. #, etc. 1096 Scenic Gulf Drive, Ste C-102B
City & State Destin, FL	City & State Destin, FL
Zip / Country 32550 / USA	Zip / Country 32650 / USA

4. FEI Number 59-1941316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SCOTT, WALTER D~~ ~~12273 US HWY 98~~ ~~STE 208~~ ~~DESTIN FL 32541~~	Name: Bell, David W Street Address (P.O. Box Number is Not Acceptable): 1096 Scenic Gulf Drive Suite C 102B City: Destin FL Zip Code: 32550

8. 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: David Bell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CARTER, DR JAMES 100 SEASCAPE DRIVE #85-B DESTIN FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGNAM, DEAN 100 SEASCAPE DRIVE, 71B DESTIN FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIDGWAY, JILL 15 HUNTLEIGH WOODS SAINT LOUIS MO 63131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAPP, WILLIAM 2475 HAWKHURST ST MEMPHIS TN 38119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARLOW, BOB 112 MEADOW VIEW CT MOUNT WASHINGTON KY 40047	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Rapp SIGNATURE REQUIRED William Rapp 1-24-02 901-767-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #