## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 17, 2006 8:00 am Secretary of State

1-12-06

DOCUMENT # 743109  1. Entity Name SEASCAPE, PHASE FOUR, ASSOCIATION, INC.					01-17-2006	5 90245 03	[2 ****6]	1.25	
Principal Plac 100 SEAPCA MIRAMAR BE		Mailing Address 151 MARY ESTHER BLV 301 MARY ESTHER, FL 325							
		3. Mailing Address							
100 Sesscape Drive		Suite, Apt. #, etc.	City & State		01092006 Chg-NP CR2E037 (11/05)  4. FEI Number Applied For				
Mira	imarbeach, 174			59-19413	16		- <del></del>	t Applicable	
<u>کر</u> 3	SSD Country U.S	Zip	Country	5. Certificate of		□' F	8.75 Add ee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Ad	idress of New	Registered A	gent		
COVINGTON, BARBARA W 151 MARY ESTHER BLVD SUITE 301 MARY ESTHER, FL 32569				Street Address (P.O. Box Number is Not Acceptable)					
MARYES	THER, FL 32569								
			City			FL	Zip Code	9	
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent a		registered office or n		n the State of F	Florida. I am fa	amiliar with,	and accept	
	<u> </u>			•					
•	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	npaign Financing ontribution.	_ \$5.00 May Be		Make check orida Depart			
10.	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund C		_ \$5.00 May Be	Flo	orida Depart	ment of St	tate	
	Due by May 1, 2006	Trust Fund C	ontribution.	\$5.00 May Be Added to Fees	Flo	orida Depart	ment of St	tate	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR STD CARTER, DR JAMES 100 SEASCAPE DRIVE #85-B	Trust Fund C	Ontribution.  11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	orida Depart	ment of St	ate	
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS	OFFICERS AND DIR  STD CARTER, DR JAMES 100 SEASCAPE DRIVE #85-B DESTIN, FC 32550 D BACHELLER, HOWARD 100 SEASCAPE DR #88A	Trust Fund C	Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	EAPP	erida Depart	ECTORS IN	tate	
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