

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 021 ****61.25

DOCUMENT # 743109	
1. Entity Name SEASCAPE, PHASE FOUR, ASSOCIATION, INC.	

Principal Place of Business 100 SEAPCAPE DRIVE MIRAMAR BEACH, FL 32550 US	Mailing Address 151 MARY ESTHER BLVD 301 MARY ESTHER, FL 32569 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1941316	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COVINGTON, BARBARA W 151 MARY ESTHER BLVD SUITE 301 MARY ESTHER, FL 32569		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State.
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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	D Hathorn, Leslie P.O. BOX 9028 Miramar Beach, FL 32550 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACHELLER, HOWARD 100 SEASCAPE DR #88A DESTIN, FL 32550 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAPP, WILLIAM C 140 FAIROAKS DR OAKLAND, TN 38060 ☐ 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	D CHADWICK, MICHAEL 5515 HONEYSUCKEL TRAIL GAINESVILLE, GA 30506 ☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 C. Rapp William C. Rapp 4/25/08 901-465-0320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #