2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# 743109

Entity Name: SEASCAPE, PHASE FOUR, ASSOCIATION, INC.

Current Principal Place of Business:

100 SEAPCAPE DRIVE
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

151 MARY ESTHER BLVD
301
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 59-1941316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COVINGTON, BARBARA W
151 MARY ESTHER BLVD SUITE 301
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HATHORN, LESLIE
Address: P.O. BOX 9028
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: P ( ) Delete
Name: RAPP, WILLIAM C
Address: 140 FAIROAKS DR
City-St-Zip: OAKLAND, TN 38060

Title: D ( ) Delete
Name: HARLOW, BOB
Address: 112 MEADOW VIEW CT
City-St-Zip: MOUNT WASHINGTON, KY 40047

Title: D ( ) Delete
Name: CHADWICK, MICHAEL
Address: 5515 HONEYSUCKEL TRAIL
City-St-Zip: GAINESVILLE, GA 30506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM RAPP P 04/09/2009

Electronic Signature of Signing Officer or Director — Date