

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90040 016 ****61.25

DOCUMENT # 747757

1. Entity Name
SEA CABINS OWNERS' ASSOCIATION, INC.



Principal Place of Business
1030 SCENIC GULF DR.
DESTIN, FL 32550 US

Mailing Address
C/O WILLA MERRIOTT REALTY, INC.
PO BOX 663
DESTIN, FL 32540 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1955601

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILLA MERRIOTT REALTY, INC.
1621 HWY 98 EAST
DESTIN, FL 32541

Name Willa Merriott Realty Inc
Street Address (P.O. Box Number is Not Acceptable)
12273 Hwy 98 West Suite #113
City Miramar Beach 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Willa Merriott Assoc Mgr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	WASTLER, KEN	
STREET ADDRESS	6284 WHEAT MILLER COURT	
CITY-ST-ZIP	MOUNT AIRY, MD 21771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASSITY, DONNA	
STREET ADDRESS	P.O. BOX 71054	
CITY-ST-ZIP	MARIETTA, GA 30007	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOK, TERRY	
STREET ADDRESS	4200 ILBERRY	
CITY-ST-ZIP	MOUNT VERNON, IL 62864	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSOMANNO, JAN	
STREET ADDRESS	3276 BURFORD DR, SUITE 104-355	
CITY-ST-ZIP	BUFORD, GA 30519	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGER, KAHLE	
STREET ADDRESS	11659 SYMMES CREEK DR.	
CITY-ST-ZIP	LOVELAND, OH 45140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bainton, Barry	
STREET ADDRESS	425 Morgan Falls Chase	
CITY-ST-ZIP	Canton, Ga 30114	

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:

W. L. Wastler, Treas.

Date

Daytime Phone #

4/2/08