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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763079 (1)

1. Corporation Name

SEAKOVE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

17851 FRONT BEACH ROAD  
PANAMA CITY FL 32413  
US

17851 FRONT BEACH ROAD  
PANAMA CITY FL 32413-1926  
US

3. Date Incorporated or Qualified  
05/03/1982

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE

NAME SMITH, CHARLES M.  
STREET ADDRESS 17851 FRONT BEACH ROAD  
CITY-ST-ZIP PANAMA CITY BCH. FL 32413

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME MOON, M E  
STREET ADDRESS 17851 FRONT BCH RD  
CITY-ST-ZIP PANAMA CITY BCH. FL 32413

2.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME EDWARDS, LOUIE  
STREET ADDRESS 252 DEERMONT STREET  
CITY-ST-ZIP PANAMA CITY FL 32413

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles M Smith STD CHARLES M. SMITH 1/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #00000000

CR2E037 (9/96)