

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 766674**

1. Entity Name

SEA MIST TOWNHOME OWNERS' ASSOCIATION, INC.



Principal Place of Business

1613 SCENIC GULF DR.  
SEAMIST #2  
MIRAMAR BEACH FL 32550

Mailing Address

1613 SCENIC GULF DR.  
SEAMIST #2  
MIRAMAR BEACH FL 32550

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

06-1668695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPSHAW, DONALD L  
1613 SCENIC GULF R.  
SEAMIST #2  
DESTIN FL 32550

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE PD ☐ Delete  
NAME CAPSHAW, DONALD L  
STREET ADDRESS 1613 SCENIC GULF DR., #2  
CITY-ST-ZIP MIRAMAR BEACH FL 32550

TITLE SD ☐ Delete  
NAME DAILEY, JEANNE  
STREET ADDRESS 12815 HWY 98 W., SUITE 100  
CITY-ST-ZIP MIRAMAR BEACH FL 32550

TITLE TD ☐ Delete  
NAME MCCLAIN, PAUL  
STREET ADDRESS 1613 SCENIC GULF DR., #6  
CITY-ST-ZIP MIRAMAR BEACH FL 32550

TITLE VP ☐ Delete  
NAME BRUNSON, DON  
STREET ADDRESS 1613 SCENIC GULF DR., # 4  
CITY-ST-ZIP MIRAMAR BEACH FL 32550

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000628718  
CITY-ST-ZIP 02/16/07-80028-006 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*all of above is accurate*

*2-7-07 850 837-6621*