

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90251 013 \*\*\*\*70.00

**DOCUMENT # 766680**

1. Entity Name  
**SEA HAUNTS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**100 SOUTH SPOOKY LANE  
SANTA ROSA BEACH, FL 32459 US**

Mailing Address  
**PO BOX 1820  
SANTA ROSA BCH, FL 32459 US**

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01072007 Chg-NP CR2E037 (12/06)

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

4. FEI Number  
**59-2312699**

Applied For  
Not Applicable

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

**DENNISON, JAN  
100 SOUTH SPOOKY LANE  
UNIT 4D  
SANTA ROSA BEACH, FL 32459**

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

**Filing 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 **DB** ☐ Delete  
NAME **DENNISON, JAN**  
STREET ADDRESS **100 S SPOOKY LANE UNIT 4D**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **TD** ☒ Delete  
NAME **SCHOENER, JERRY**  
STREET ADDRESS **1718 COTTONTAIL DR**  
CITY-ST-ZIP **MILFORD, OH 45150**

TITLE **SD** ☒ Delete  
NAME **WILSON, SUSAN**  
STREET ADDRESS **3427 HWY 16E**  
CITY-ST-ZIP **SHARPSBURG, GA 30277**

TITLE **VD** ☐ Delete  
NAME **GILLIS, SAM**  
STREET ADDRESS **1300 BEACON PARKWAY EAST 607**  
CITY-ST-ZIP **BIRMINGHAM, AL 35209**

TITLE **D** ☒ Delete  
NAME **POWELL, RON**  
STREET ADDRESS **2600 CARDINAL CIRCLE**  
CITY-ST-ZIP **BIRMINGHAM, AL 35243**

TITLE **D** ☐ Delete  
NAME **MCCARTHY, MICHAEL**  
STREET ADDRESS **3778 RIVERLY TRACE**  
CITY-ST-ZIP **MARIETTA, GA 30068**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **Sam Gillis**  
STREET ADDRESS **1300 Beacon Pkwy E. #607**  
CITY-ST-ZIP **Bham, AL 35209**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Jan Dennison**  
STREET ADDRESS **PO Box 1689**  
CITY-ST-ZIP **Santa Rosa Bch FL 32459**

TITLE **Sec.** ☒ Change ☐ Addition  
NAME **Chuck Wilson**  
STREET ADDRESS **3427 Hwy 16E**  
CITY-ST-ZIP **Sharpsburg GA 30277**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Robert Ferguson**  
STREET ADDRESS **339 Red maple Dr.**  
CITY-ST-ZIP **Mandeville, LA 70448**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan Dennison Treasurer* 1/7/07 8502672988