

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766680

FILED
Mar 13, 2008
Secretary of State

Entity Name: SEA HAUNTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

100 SOUTH SPOOKY LANE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1820
SANTA ROSA BCH, FL 32459 US

New Mailing Address:

FEI Number: 59-2312699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENNISON, JAN
100 SOUTH SPOOKY LANE
UNIT 4D
SANTA ROSA BEACH, FL 32459 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: P () Delete
Name: GILLIS, SAM
Address: 1300 BEACON PKWY EAST SUITE 607
City-St-Zip: BHAM, AL 3529

Title: T () Delete
Name: DENNISOR, JAN
Address: PO BOX 1689
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: WILSON, CHUCK
Address: 3427 HWY 16E
City-St-Zip: SHARPSBURG, GA 30277

Title: VP () Delete
Name: FERGUSON, ROBERT
Address: 339 RED MAPLE DR
City-St-Zip: MANDEVILLE, LA 70448

Title: D (X) Delete
Name: MCCARTHY, MICHAEL
Address: 3778 RIVERLY TRACE
City-St-Zip: MARIETTA, GA 30068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DENNISON, JAN
Address: PO BOX 1689
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change () Addition
Name: COLE, EDDIE
Address: 131 WEST LAKESHORE DRIVE
City-St-Zip: CARROLLTON, GA 30177

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: JAN DENNISON

T

03/13/2008

Electronic Signature of Signing Officer or Director

Date