


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90026 014 ****70.00

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1. Entity Name
OLDE SEACREST NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 611430 P.O. BOX 611430
ROSEMARY BEACH FL 32461 ROSEMARY BEACH FL 32461

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country *WALTON* Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **03-0471460** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOGUE-HIGGINS, SHARON
8700 E COUNTY HEY 30-A
SEACREST FL 32413

7. Name and Address of New Registered Agent

Name _____

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

City *W* **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOUGE-HIGGINS, SHARON		NAME		
STREET ADDRESS	8700 E COUNTS HWY 30-A		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LA PLANTE, ROBERT		NAME		
STREET ADDRESS	149 SEACREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP		
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUTCLIFF, TODD		NAME		
STREET ADDRESS	8682 E COUNTY HWY 30-A		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SKEIST, ALAN		NAME	<i>BARNHART JOAN</i>	
STREET ADDRESS	170 SEABREEZE BLVD		STREET ADDRESS	<i>209 CLAREON DRIVE</i>	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP	<i>PANAMA CITY BEACH, FL 32413</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASBROOK, ROBERT		NAME		
STREET ADDRESS	292 SEABREEZE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP		
TITLE	MAL	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWZE, ELANOR		NAME		
STREET ADDRESS	220 SEABREEZE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		CITY-ST-ZIP		

12. I 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 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: *Sharon Logue-Higgins* *3/8/04* *850 23-2472*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #