


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90168 017 ****61.25

DOCUMENT # N02000007200 1. Entity Name OLDE SEACREST NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 611430 ROSEMARY BEACH, FL 32461			Mailing Address P.O. BOX 611430 ROSEMARY BEACH, FL 32461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0471460	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOGUE-HIGGINS, SHARON 8700 E COUNTY HWY 30-A SEACREST, FL 32413			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 <i>Sharon Logue Higgins</i>		DATE 4/7/05		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	LOGUE-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	ADD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTCLIFF, TODD		NAME		
STREET ADDRESS	8682 E COUNTY HWY 30-A		STREET ADDRESS	246 SEABREEZE CIRCLE	
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNHART, JOHN		NAME		
STREET ADDRESS	209 CLAREON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Sharon Logue Higgins</i>		DATE 4/7/05		(850) 231-2472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	