

# ANNUAL REPORT

DOCUMENT # N02000007200

1. Entity Name  
OLDE SEACREST NEIGHBORHOOD ASSOCIATION, INC.



**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90015 015 \*\*\*\*61.25

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

04052006 Chg-NP CR2E037 (11/05)

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

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

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 \$81.25  
Due by May 1, 2006

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  
NAME LOUGE-HIGGINS, SHARON  
STREET ADDRESS 8700 E COUNTS HWY 30-A  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 ☐ Delete

TITLE VP  
NAME LA PLANTE, ROBERT  
STREET ADDRESS 149 SEACREST DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 ☒ Delete

TITLE ZVP  
NAME SUTCLIFF, TODD  
STREET ADDRESS 246 SEABREEZE CIRCLE  
CITY-ST-ZIP PANAMA CITY, FL 32413 ☒ Delete

TITLE T  
NAME BARNHART, JOHN  
STREET ADDRESS 209 CLAREON DRIVE  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE VP  
NAME SUTCLIFF, TODD  
STREET ADDRESS 246 SEABREEZE CIRCLE  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 ☒ Change ☐ Addition

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

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

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

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

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: SHARON LOGUE-HIGGINS  
SHARON LOGUE-HIGGINS  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/16/06 (80) 231-2472  
Date Daytime Phone #

receding - Sharon Logue-Higgins 5/23/06



ATTACHMENT  
40094358

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2006

3 calls 5/23 - 1  
5/24 - 2

OLDE SEACREST NEIGHBORHOOD ASSOCIATION, INC.  
P.O. BOX 611430  
ROSEMARY BEACH, FL 32461

Subject: **OLDE SEACREST NEIGHBORHOOD ASSOCIATION, INC.**

Reference Number: **000000207352**

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SS

ANNUAL REPORTS SECTION

Enclosed is a copy of  
the form sent in to  
you with the Check. I  
double checked that both  
were included when sent,  
so I don't know where it  
went.

I can be  
reached at

850-231-2472

I've been on hold  
with every call (with the exception of the one that went to the office)