


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007200 1. Entity Name OLDE SEACREST NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 611430 ROSEMARY BEACH, FL 32461	Mailing Address P.O. BOX 611430 ROSEMARY BEACH, FL 32461
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0471460	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000829003 04/22/08-80036-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUGE-HIGGINS, SHARON 8700 E COUNTS HWY 30-A PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTCLIFF, TODD 246 SEABREEZE CIRCLE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNHART, JOHN 209 CLAREON DRIVE PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Louge-Higgins 4/07/08 850-231-2472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #