


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03097 (5)**  
1. Corporation Name  
**SEA-QUEST OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>17255 PERDIDO KEY DRIVE PENSACOLA FL 32507 US</b>	Mailing Address <b>7684 TEMPLETON RD PENSACOLA FL 32506-5524 US</b>
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3. Date Incorporated or Qualified <b>05/15/1984</b>	
4. FEI Number <b>59-3055007</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent  
**BOUCHARD, JOHN F.  
7684 TEMPLETON RD  
PENSACOLA FL 32506**

10. Name and Address of New Registered Agent  
61 Name **BOUCHARD, JOHN J. JR.**  
62 Street Address (P.O. Box Number is Not Acceptable)  
**7684 TEMPLETON RD.**  
63  
64 City **PENSACOLA** FL 65 Zip Code **32506**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John J. Bouchard Jr.* (NOTE: Registered Agent signature required when reinstating) **APRIL 19, 1998** DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>BOUCHARD, JOHN F.</b>
STREET ADDRESS	<b>7684 TEMPLETON RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>BOUCHARD, MARY</b>
STREET ADDRESS	<b>7684 TEMPLETON RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>CARTER, MAULDIN</b>
STREET ADDRESS	<b>1800 E. GADSDEN ST.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BARNHART, KIMBERLEY G</b>
STREET ADDRESS	<b>3811 CHARMWOOD DR</b>
CITY-ST-ZIP	<b>MILLBROOK AL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>MARCHBANKS, HEABERT F</b>
STREET ADDRESS	<b>17255 PERDIDO KEY DR, A1</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>ZEITFUSS, DAVID</b>
STREET ADDRESS	<b>PO BOX 28</b>
CITY-ST-ZIP	<b>PASS CHRISTIAN MS</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BOUCHARD, JOHN J. JR.</b>
1.3 STREET ADDRESS	<b>7684 TEMPLETON RD.</b>
1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32506-5524</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John J. Bouchard Jr.* **JOHN J. BOUCHARD JR. APRIL 19, 1998 850-456-2262**

CR2E037 (10/97)