


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03097</b> 1. Entity Name <b>SEA-QUEST OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>17255 PERDIDO KEY DRIVE PENSACOLA, FL 32507 US</b>	Mailing Address <b>17255 PERDIDO KEY DRIVE PENSACOLA, FL 32507 US</b>
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02012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3055007</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MARCHBANKS, HERBERT F 17255 PERDIDO KEY DRIVE PENSACOLA, FL 32507</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUITFUSS, DAVID 318 POINDEXTER DR PASS CHRISTIAN, MS 39571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDM MARCHBANKS, HERBERT F 17255 PERDIDO KEY DR, A-1 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNHART, MARK 3811 CHARMWOOD DR MILLBROOK, AL 36054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHART, KIMBERLEY G 3811 CHARMWOOD DR MILLBROOK, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOUCHARD, JOHN F 1800 E. GADSDEN ST PENSACOLA, FL 32521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEITFUSS, DEBBIE 318 POINDEXTER DR PASS CHRISTIAN, MS 39571

U00000048582  
02/12/04-80086-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Herbert F. Marchbanks Herbert F. Marchbanks 2-10-04 850-492-4824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #