

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90281 020 ****61.25

DOCUMENT # N04000008408

1. Entity Name
**DALTON PLACE AT SEAGROVE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**114 PALMETTO ST
#2
DESTIN, FL 32541**

Mailing Address
**P.O. BOX 1895
DESTIN, FL 32540**



2. Principal Place of Business - No P.O. Box #

12273 US Hwy 98

3. Mailing Address

P.O. Box 1895

Suite, Apt. #, etc.

204A

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32550

Country

Walton

Zip

32540

Country

Okaloosa

04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1692603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEACOAST ASSO MGT INC
114 PALMETTO ST #2
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Seacoast Association Management Inc.**
Street Address (P.O. Box Number is Not Acceptable)
c/o Walt Leirer
12273 US Hwy 98 Suite 204A
City **Destin** **FL** Zip Code **32550**

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] **4.20.07**

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, 2007**

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

TITLE **P** ☐ Delete
NAME **WHISENHUNT, PHILLIP**
STREET ADDRESS **4700 S BOWMAN RD, STE 700**
CITY-ST-ZIP **LITTLE ROCK, AR 72210**

TITLE **VP** ☐ Delete
NAME **DECKER, MICHAEL**
STREET ADDRESS **778 SCENIC GULF DR, A101**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE **ST** ☐ Delete
NAME **BARENSKI, JOSEPH**
STREET ADDRESS **600 E LAS COLLINAS, STE 222**
CITY-ST-ZIP **IRVING, TX 75039**

TITLE **M** ☐ Delete
NAME **LEIRER, WALT**
STREET ADDRESS **225 MAIN STREET, #6**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition
NAME **Phillip Whisenhunt**
STREET ADDRESS **4700 S. Bowman Rd STE 700**
CITY-ST-ZIP **Little Rock AR 72210**

TITLE **P** ☒ Change ☐ Addition
NAME **Michael Decker**
STREET ADDRESS **778 Scenic Gulf Dr. A101**
CITY-ST-ZIP **Destin FL 32550**

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

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

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

[Signature] **4.20.07**