## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 08, 2008 8:00 am Secretary of State DOCUMENT # N04000008408 02-08-2008 90029 003 \*\*\*\*61.25 DALTON PLACE AT SEAGROVE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address Annenia "Jo 12273 US HWY 98 12273 US HWY 98 204A 204A DESTIN, FL 32550 DESTIN, FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #\_etc. 01312008 Cha-NP CR2E037 (12/06) 4. FEI Number 20-1692603 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEACOAST ASSO MGT INC C/O WALT LEIRER Street Address (P.O. Box Number is Not Acceptable) 12273 US HWY 98 SUITE 204A DESTIN, FL 32550 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **VP** TITLE TITLE ☐ Delete Change ☐ Addition WHISENHUNT, PHILLIP NAME NAME STREET ADDRESS 4700 S BOWMAN RD, STE 700 STREET ADDRESS CITY-ST-ZIP LITTLE ROCK, AR 72210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition DECKER, MICHAEL STREET ADDRESS 778 SCENIC GULF DR, A101 STREET ADDRESS DESTIN, FL 32550 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change ☐ Addition BARENONSKI, JOSEPH NAME STREET ADDRESS 600 E LAS COLLINAS STE 222 STREET ADDRESS CITY-ST-ZIP IRVING, TX 75039 CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change Addition LEIRER, WALT STREET ADDRESS 225 MAIN STREET, #6 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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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.

CIGNATURE. Walt