

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90027 009 ****61.25

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| DOCUMENT # N07000010771 | | | | | |
| 1. Entity Name SEACREST TOWNHOUSES OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5311 E. COUNTY HWY 30-A SEAGROVE BEACH, FL 32459 | | | Mailing Address P.O. BOX 4703 SANTA ROSA BEACH, FL 32459-4703 | | |
| 2. Principal Place of Business - No P.O. Box # 8460 E. county Hwy C 30A | | 3. Mailing Address Seacrest ass % Ilse CANTEY Suite, Apt. #, etc. 1104 Evergreen Ave | | | |
| City & State Panama City, FL | | City & State DOTHAN, AL | | 4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable | |
| Zip 32413 | Country Walton County | Zip 36303 | Country Houston | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PRITCHETT, WALTER R 5311 E. COUNTY HWY 30-A SEAGROVE BEACH, FL 32459 | | | 7. Name and Address of New Registered Agent Name: Ilse CANTEY Street Address (P.O. Box Number is Not Acceptable): 8460 E. county Hwy C 30A Sea crest 4 City: Panama City, FL Zip Code: 32413 | | |
| 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: <u>Ilse Canvey</u> DATE: <u>3-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HILL, ED 343 EMILY DRIVE LILBURN, GA 30247 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD DEVOE, AL 30 RIVER CYPRESS LANE MADISONVILLE, LA 70447 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD CANTEY, ILSE 1104 EVERGREEN AVE. DOTHAN, AL 36303 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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. | | | | | |
| SIGNATURE: <u>Ilse Canvey</u> <u>Ilse CANTEY</u> | | | Date: <u>3-7-08</u> | | |