


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90072 040 ****61.25

DOCUMENT # N11512 1. Entity Name SEASCAPE NUMBER SEVEN ASSOCIATION, INC.					
Principal Place of Business GULF COAST RENTALS MGMT 910 AIRPORT RD. SUITE A-5 DESTIN, FL 32541 US			Mailing Address GULF COAST RENTALS PO BOX 1666 DESTIN, FL 32540 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2534211 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Johnson, Waverly MAITREJEAN, WAVERLY 910 AIRPORT RD. SUITE A5 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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><i>Waverly Johnson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P WEAGE, JIM <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAGE, JIM		NAME		
STREET ADDRESS	2420 LARRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLARKSVILLE, TN 37043		CITY-ST-ZIP		
TITLE	ST MEES, JAN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEES, JAN		NAME		
STREET ADDRESS	3456 SPALDING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DUNWOODY, GA 30350		CITY-ST-ZIP		
TITLE	VP DOLLARHIDE, BILL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOLLARHIDE, BILL		NAME		
STREET ADDRESS	2840 BELLE CHRISTIAN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	D WARREN, CONNOR <input type="checkbox"/> Delete		TITLE	P Warren, Conner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, CONNOR		NAME	Warren, Conner	
STREET ADDRESS	2118 HICKORY RIDGE CIRCLE		STREET ADDRESS	2118 Hickory Ridge Circle	
CITY-ST-ZIP	BIRMINGHAM, AL 35243		CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Conner Warren</i></u> CONNOR WARREN			4/28/06 (205) 531-1009 <small>Date Daytime Phone #</small>		