2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90266 032 ****61.25 DOCUMENT # N11512 SEASCAPE NUMBER SEVEN ASSOCIATION, INC. 40077643 Principal Place of Business Mailing Address PO BOX 1666 910 AIRPORT RD. SUITE A-5 DESTIN, FL 32540 US DESTIN, FL 32541 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-NP CR2E037 (12/06) City & State Applied For 4. FEI Number 59-2534211 City & State Not Applicable 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 JOHNSON, WAVERLY Street Address (P.O. Box Number is Not Acceptable) 910 AIRPORT RD. SUITE A5 DESTIN, FL 32541 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ST TITLE Addition TITLE ☐ Delete MEES, JAN NAME NAME 3456 SPALDING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNWOODY, GA 30350 CITY-ST-7IP ☐ Detete ☐ Change ■ Addition TITLE TITLE DOLLARHIDE, BILL NAME 2840 BELLE CHRISTIAN CIRCLE STREET ADORESS STREET ADDRESS PENSACOLA, FL 32503 CITY-ST-ZIP CITY+ST-7IP Delete TITLE Change Addition TITLE WARREN, CONNER NAME NAME 2118 HICKORY RIDGE CIRCLE STREET ADDRESS STREET ADDRESS BIRMINGHAM, AL 35243 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change X Addition TITLE Padgett, Rorald 351 Avalon Blud. Miramar Beach, Fl 32550 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

X Addition

■ Addition

☐ Change

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 il charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-7IP TITLE

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CITY-ST-ZIP

SIGNATURE:	Come Warn - PRESIDER PHASE	7 3/28/	07 (205)969-2976
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #