

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36272

FILED
Feb 11, 2008
Secretary of State

Entity Name: FLAGLER SEA SCAPE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

44 SEASCAPE DR.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

44 SEASCAPE DR.
PALM COAST, FL 32137 US

New Mailing Address:

44 SEASCAPE DR.
PALM COAST, FL 32137

FEI Number: 59-2992619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, VICKIE T
44 SEASCAPE DR.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COURT, GARY
Address: 10 BUFFALO BILL PLACE
City-St-Zip: PALM COAST, FL 32137

Title: VPD () Delete
Name: BAKER, GREGORY
Address: 44 SEASCAPE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: BAKER, VICKIE
Address: 44 SEASCAPE DR.
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: RUST, JAY
Address: 94 N. BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: NICHOLS, LEAH
Address: 38 SEASCAPE DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HARWELL, MARK
Address: 58 SEASCAPE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: VAUGHN, MARTHA
Address: 48 SEASCAPE DRIVE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKIE BAKER

TD

02/11/2008

Electronic Signature of Signing Officer or Director

Date