## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

Principal Place of Business

N40367

(7)

SEALOFT II OWNERS ASSOCIATION, INC.

-		
109-D HWY	98 E.	
DECTIN CL	22541	

Mailing Address

DA RAY 903

## **FILED** May 13 1997 8:00am Secretary of State



DESTIN FL 325	=	DESTIN FL 32540-0383			
				3. Date Incorporated or Qualified 10/12/1990	3a. Date of Last Report 04/28/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	94 Emerald Coast Pky		rald Coast Pky	59-3042164	Not Applicable
	iite B	Suite, Apt. #, etc.  Suite B/S	outhern Resort	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 De S	tin FL	28 2001111	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 32541	1-3 404 25 USA	10-10-11	Country 0 USA		Yes 🔀 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Rep	jistered Agent
VICKERS	S. WILLIAM D		81 Name 82 Street Add	Kevin Veach	(a) (i)
109-D HWY 98 E. 34 894 (				rese (P.O. Box Number is Not Acceptable Emeral a Coast	"Pky.
DESTIN	11, 04071		Ju	ite B	
			84 City	<i>Pest</i> in	FL 85 Zip Code 32541-3404
11. Pursuant t	to the provisions of Sections 617,0502	and 617 1508, Florida Statutes	the above-named cor	poration submits this statement for the p	urpose of changing its registered
office or re agent. I ai	egistered agent, or both, in the State o m familiar with, and accept the obligat	i Florida. Such change was au lous of, Seption 617.0503, Flor	ithorized by the corpora ida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE			Kevin Ve	ach	
12.	Signature Ayried or primes fame of registered agent OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ABER, LENA T		1.2 NAME		
STREET ADDRESS	2716 HWY 98E #101		1.3 STREET ADDRESS	1716 Scenic Hwy 98 #	· 101
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	,	[3
TITLE	SD	DELETE	2.1 TITLE		Change
NAME	CUNNINGHAM, MARIAN		2.2 NAME	ii Octai	
STREET ADDRESS	2716 HWY 98E #105		2.3 STREET ADDRESS	2716 Scenic Hwy98 #	105
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY+ST-ZIP	•	
TITLE	TD	DELETE	3.1 TITLE		Change
NAME	FORRESTER, JIM		3.2 NAME		ĺ
STREET ADDRESS	6317 PANORAMA DR		3.3 STREET ADDRESS		į
CITY-ST-ZIP	BRENTWOOD TN 37027		3.4. CITY-SY-ZIP	urr	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		[ ] Detest	5.1 TITLE		The change The worldoor
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
		CT OFFICE			Character Character
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and the that the information annulad		6.4 CITY-ST-ZIP	d in Section 110 07/20/10 Florido Statuto	Literature continue that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.