

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40367**
1. Corporation Name

SEALOFT II OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 109-D Highway 98 East		26 P. O. Box 383		10/12/90	04/24/95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3042164	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Destin, FL		28 Destin, FL		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32541	25 Okaloosa	29 32540	30 Okaloosa		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	William D. Vickers	
82 Street Address (P.O. Box Number is Not Acceptable)	109-D Highway 98 East	
83		
84 City	Destin	85 Zip Code
	FL	32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE William D. Vickers

March 15, 1996

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	Lena T. Aber
STREET ADDRESS		13 STREET ADDRESS	2716 Highway 98 East, #101
CITY-ST-ZIP		14 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> DELETE	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Marian Cunningham
STREET ADDRESS		23 STREET ADDRESS	2716 Highway 98 East, #105
CITY-ST-ZIP		24 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input type="checkbox"/> DELETE	31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Jim Forrester
STREET ADDRESS		33 STREET ADDRESS	6317 Panorama Drive
CITY-ST-ZIP		34 CITY-ST-ZIP	Brentwood, TN 37027
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	000001800510 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	04/30/96-01011-043
STREET ADDRESS		53 STREET ADDRESS	***61.25
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lena T. Aber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lena T. Aber

March 15, 1996

Date

(904) 837-7797

Daytime Phone #

SG 4-2896

CP2E037 (12/95)