


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90027 027 ****61.25

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DOCUMENT # N40367					
1. Entity Name SEALOFF II OWNERS ASSOCIATION, INC.					
Principal Place of Business 12815 HIGHWAY 98 WEST SUITE 100 DESTIN, FL 32550 US			Mailing Address 12815 HIGHWAY 98 WEST SUITE 100 DESTIN, FL 32550 US		
2. Principal Place of Business			3. Mailing Address PO Box 1779		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Destin FL		
Zip	Country	Zip	Country	4. FEI Number 59-3042164	
32540	USA	32540	USA	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03032005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, LORETTA W CAM 12815 HIGHWAY 98 W SUITE 100 DESTIN, FL 32550				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DELPHIA		NAME		
STREET ADDRESS	1740 COUNTRY RD 39		STREET ADDRESS		
CITY-ST-ZIP	CHELSEA, AL 35043		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, LEX		NAME		
STREET ADDRESS	937 W MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, MS 39339		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, GARY		NAME		
STREET ADDRESS	6540 BRIDLE WAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ARRINGTON, TN 37014		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEPP, LARRY		NAME		
STREET ADDRESS	1001 OLD TOWNE LANE		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, GA 30189		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Bill Oahlberg	
STREET ADDRESS			STREET ADDRESS	1871 Chartwell Trace	
CITY-ST-ZIP			CITY-ST-ZIP	Stone Mountain, GA 30087	
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 exemption stated in Section 119.07(3)(i), 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>Delphia Smith</u>				Date: 3/1/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 899-837-1071	