

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000055



1. Entity Name

SEACOVE TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1630 SCENIC GULF DR
DESTIN FL 32550

Mailing Address

1630 SCENIC GULF DR
DESTIN FL 32550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2373300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, RICHARD T
1630 SCENIC GULF DR
DESTIN FL 32550

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCNALLY, TIM	
STREET ADDRESS	5 HAWK ST	
CITY- ST- ZIP	NEW ORLEANS LA 70124	
TITLE	T	<input type="checkbox"/> Delete
NAME	SORRELLS, J H	
STREET ADDRESS	P.O. BOX 619 N/A	
CITY- ST- ZIP	OPP AL 36467	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROQUEMORE, TED	
STREET ADDRESS	104 DUVAL DR	
CITY- ST- ZIP	OPP AL 36467	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, JERRY	
STREET ADDRESS	2549 WNET STONE RD.	
CITY- ST- ZIP	BERMINGHAM AL 35243	
TITLE	S	<input type="checkbox"/> Delete
NAME	YOUNGS, VERNON	
STREET ADDRESS	1630 SCENIC GULF DR.	
CITY- ST- ZIP	DESTIN FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000297705
04/11/05-80039-005 61.25

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:

Ted RoqueMore

TED ROQUEMORE

4-8-05 1-800-837-7810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #