2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N92000000055

Entity Name: SEACOVE TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1630 SCENIC GULF DR
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

1630 SCENIC GULF DR
DESTIN, FL 32550

New Mailing Address:

FEI Number: 59-2373300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLCOMB, RICHARD T
1630 SCENIC GULF DR
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

PIERCE, DWIGHT D
1630 SCENIC GULF DR
DESTIN, FL 32550 US

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: DWIGHT D PIERCE 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: MCNALLY, TIM
Address: 5 HAWK ST
City-St-Zip: NEW ORLEANS, LA 70124

Title: T ( ) Delete
Name: SORRELLS, J H
Address: P.O. BOX 619 N/A
City-St-Zip: OPP, AL 36467

Title: PD ( ) Delete
Name: ROGUEMORE, TED
Address: 104 DUVAL DR
City-St-Zip: OPP, AL 36467

Title: D ( ) Delete
Name: JAMES, JERRY
Address: 2549 WNET STONE RD.
City-St-Zip: BERMINGHAM, AL 35243

Title: S ( ) Delete
Name: JACKSON, WILLIAM
Address: 101 BRANNON LN
City-St-Zip: TROY, AL 36079

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: TED ROQUEMORE PD 01/16/2009
Electronic Signature of Signing Officer or Director Date