

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000922 (6)**

1. Corporation Name

**THE SEASIDE MERCHANTS' ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
P. O. BOX 4870 SANTA ROSA BEACH FL 32459 US	P. O. BOX 4870 SANTA ROSA BEACH FL 32459-4870 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date incorporated or Qualified <b>12/23/1992</b>	3a. Date of Last Report <b>11/12/1996</b>
4. FEI Number <b>59-3179282</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>SEASIDE COMMUNITY DEVELOPMENT CORPORATION</b> <b>ATTN: PAULA ROOKS</b> <b>COUNTY ROAD 30-A</b> <b>SANTA ROSA BEACH FL 32459</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D DELAVIGNE, DORSEY</b>
STREET ADDRESS	<b>P.O. BOX 4870 COUNTY HWY. 30-A</b>
CITY - ST - ZIP	<b>SANTA ROSA BEACH FL 32459</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D RAUSCHKOLB, DAVE</b>
STREET ADDRESS	<b>P.O. BOX 4870, COUNTY HWY. 30-A</b>
CITY - ST - ZIP	<b>SANTA ROSA BEACH FL 32459</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD OLSHEFSKI, LAURIE</b>
STREET ADDRESS	<b>P.O. BOX 4870, COUNTY ROAD 30-A</b>
CITY - ST - ZIP	<b>SANTA ROSA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D Cara Roy</b>
1.3 STREET ADDRESS	<b>P.O. Box 4870, County HWY 30-A</b>
1.4 CITY - ST - ZIP	<b>Santa Rosa Beach, FL 32459</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D Joyce Fleckenstein</b>
2.3 STREET ADDRESS	<b>P.O. Box 4870, County HWY 30-A</b>
2.4 CITY - ST - ZIP	<b>Santa Rosa Beach, FL 32459</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D Mike Morris</b>
3.3 STREET ADDRESS	<b>P.O. Box 4870, County HWY 30-A</b>
3.4 CITY - ST - ZIP	<b>Santa Rosa Beach, FL 32459</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 any attachment with an address.

SIGNATURE: *Cara Roy* **4-11-97**

CR2E037 (9/96)