

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000726

FILED  
Feb 15, 2006  
Secretary of State

**Entity Name:** SEACLIFFS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

580 SEACLIFFS DRIVE  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX1162  
PORT SAINT JOE, FL 32457

**New Mailing Address:**

**FEI Number:** 59-3214068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUE, ROB JR,ESQ  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIDSON, SKIP  
Address: P.O. BOX 27  
City-St-Zip: MIDLAND, GA 31820

Title: VPD ( ) Delete  
Name: HOWARD, JACK  
Address: 203 JUNIUS ST  
City-St-Zip: THOMASVILLE, GA 31792

Title: TD ( ) Delete  
Name: SUMMERS, LARRY  
Address: P.O. BOX 1168  
City-St-Zip: GEORGETOWN, KY 40324

Title: SD ( ) Delete  
Name: HEARD, ANDREA  
Address: 652 SEA CLIFFS DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: D ( ) Delete  
Name: WEAVER, DENNIS  
Address: 1207 WILCOX  
City-St-Zip: MARYVILLE, TN 37804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: SUMMERS, LARRY  
Address: 129 STONEWALL PATH  
City-St-Zip: GEORGETOWN, KY 40324

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 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: LARRY SUMMERS

TREA

02/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date