

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003338

FILED
Feb 15, 2006
Secretary of State

Entity Name: SEACLIFFS BEACH HOMES ASSOCIATION, INC.

Current Principal Place of Business:

580 SEA CLIFFS DRIVE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1162
PORT SAINT JOE, FL 32457 US

New Mailing Address:

FEI Number: 59-3288267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, ROB JR.
C/O BURKE & BLUE PA
221 MCKENZIE AVE
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: D () Delete
Name: WEAVER, DENNIS J
Address: 580 SEACLIFFS DR
City-St-Zip: PORT ST JOE, FL 32456

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

Title: VD () Delete
Name: HOWARD, JACK
Address: 715 6TH AVE
City-St-Zip: ALBANY, GA 31701

Title: TD () Delete
Name: SUMMERS, LAURENCE T
Address: P.O. BOX 1162
City-St-Zip: GEORGETOWN, KY 40324

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

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 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: LAURENCE T SUMMERS

TREA

02/15/2006

Electronic Signature of Signing Officer or Director

Date