

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003338

FILED  
Feb 07, 2008  
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: 117 TURTLEWALK  
City-St-Zip: PORT ST JOE, FL 32456

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: VD (X) Change ( ) Addition  
Name: DENGOS, DAVE  
Address: 3974 BONNINGTON COURT  
City-St-Zip: ATLANTA, GA 30341

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: LAURENCE T SUMMERS

TD

02/07/2008

Electronic Signature of Signing Officer or Director

Date