

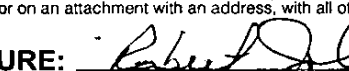


FILED
Jan 17, 2006 8:00 am
Secretary of State

20001410

DOCUMENT # N94000004110						01-17-2006 90258 032 ****61.25	
1. Entity Name SCENIC 98 ASSOCIATION, INC.							
Principal Place of Business 172 PLATEAU AVENUE DEFUNIAK SPRINGS, FL 32435 US				Mailing Address PO BOX 2595 SANTA ROSA BEACH, FL 32459 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent NIDA, SHERI C/O SHHEC ADMINISTRATION 7800 HWY 98 WEST DESTIN, FL 32550				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				Robert Johnson, President 1-6-06 (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE GRILL, SUE 3259 BURNT PINE COVE DESTIN, FL 32550 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Sue Grill <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3259 Burnt Pine Cove Destin, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bob Johnson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2067 Crystal Lake Drive, Sandestin, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-6-06 Date Daytime Phone #			