


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

7/14/2006-90023-049-\$61.25-\$61.25

**DOCUMENT # N95000000168**

1. Entity Name  
SEASCAPE NUMBER 8-A ASSOCIATION, INC.



FILED  
06 NOV 13 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
~~910 AIRPORT ROAD~~      ~~P.O. BOX 1666~~  
~~SUITE A-5~~      ~~DESTIN, FL 32540-1666~~  
~~DESTIN, FL 32541~~      2      2



2. Principal Place of Business      3. Mailing Address  
11425 Nutwood Rd      11425 Nutwood Rd.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

06092006 Chg-NP      CR2E037 (4/09) 06

City & State      City & State  
Louisville KY      Louisville, KY  
Zip      Country      Zip      Country  
40223      USA      40223      USA

4. FEI Number      Applied For  
59-3295770      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~MAITREJEAN, WAVERLY~~ EDWARD DUSCH  
~~910 AIRPORT RD~~ 100 SEASCAPE DRIVE  
~~SUITE A-5~~ Villa 27E Box JJ6  
~~DESTIN, FL 32541~~ 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 *Edward A. Dusch, President*      DATE 6-9-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P DUSCH, ED	<input type="checkbox"/> Delete
STREET ADDRESS	11425 NUTWOOD RD	
CITY - ST - ZIP	LOUISVILLE, KY 40223	
TITLE NAME	VP HUMPHREYS, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS	1689 STEWARTS FERRY PIKE	
CITY - ST - ZIP	HERMITAGE, TN 37078	
TITLE NAME	ST WILSON, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	3209 RILEY ROAD	
CITY - ST - ZIP	OPELIKA, AL 36801	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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: *Edward A. Dusch, Pres.*      Date 6/9/06      (502) 584-6289

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      Date      Daytona Form #