

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004840

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SEASCAPE NUMBER 9-A ASSOCIATION, INC.

**Current Principal Place of Business:**

100 SEASCAPE DRIVE  
DESTIN, FL 32541

**New Principal Place of Business:**

910 AIRPORT RD., SUITE A-5  
DESTIN, FL 32541

**Current Mailing Address:**

P.O. BOX 1666  
DESTIN, FL 32540

**New Mailing Address:**

FEI Number: 59-3347719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, WAVERLY  
GULF COAST MANAGEMENT  
910 AIRPORT RD. STE. A-5  
DESTIN, FL 32541 US

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

JOHNSON, WAVERLY  
910 AIRPORT ROAD  
STE A-5  
DESTIN, FL 32541 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: SHULL, EDWARD  
Address: 1230 HARTSHORE CLOSE  
City-St-Zip: CUMMING, GA 30041

Title: ST ( ) Delete  
Name: GRISSOM, MARGARET  
Address: 1002 CROWN HILL COURT  
City-St-Zip: VILLA HILLS, KY 410173605

Title: P ( ) Delete  
Name: DICKERSON, RICHARD  
Address: 5323 LANCELOT ROAD  
City-St-Zip: BRENTWOOD, TN 37027

**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:

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: WILLIAM RICHARD DICKERSON

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date