


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90037 044 ****61.25

DOCUMENT # N96000005256	
1. Entity Name SEACREST BEACH OWNERS' ASSOCIATION, INC.	

Principal Place of Business P.O. BOX 4946 SEASIDE, FL 32459 US	Mailing Address P.O. BOX 4946 SEASIDE, FL 32459 US
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2. Principal Place of Business P.O. Box 611645	3. Mailing Address P.O. Box 611645
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Rosemary Beach, FL	City & State Rosemary Beach, FL
Zip 32461	Zip 32461
Country USA	Country USA

40013531



02062006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent LEUZE, DAVID 9064 E COUNTY HWY 30A PANAMA CITY BEACH, FL 32413	
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7. Name and Address of New Registered Agent Name Loyd Tarver Street Address (P.O. Box Number is Not Acceptable) 180 Cullman Ave. City Santa Rosa Beach FL Zip Code 32459	
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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 Loyd Tarver, Loyd Tarver Association Manager	DATE 2/6/06

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOHNSON, TYSON 198 NW SCENIC LAKE DR LAKE CITY, FL 32055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBBER, KEVIN 203 WESTCHASE ROW HUNTSVILLE, AL 35801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BALLAR, KATHY 5893 REVINGTON DRIVE NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MEYER, DON P.O. BOX 611052 ROSEMARY BEACH, FL 32461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROUNER, DAVIE PO BOX 567302 ATLANTA, GA 31156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Johnson, Tyson 1198 NW Scenic Lake Dr. Lake City, FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Webber Kevin 604 Adams Street Huntsville, AL 35801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Meyer, Don 4331 Gadsden Court Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rovner, David P.O. Box 4635 Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Elizabeth Lawrence 5286 Fern Park Ct. Norcross, GA 30092 <input type="checkbox"/> Change <input checked="" 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: Donald Meyer	DATE: 2/9/06 DAYTIME PHONE: 904-443-6127