


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90029 004 ****61.25

DOCUMENT # N98000000676	
1. Entity Name SEASCAPE NUMBER 10 ASSOCIATION, INC.	

Principal Place of Business 100 SEASCAPE DR DESTIN, FL 32541	Mailing Address P.O. BOX 1666 DESTIN, FL 32540
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2. Principal Place of Business - No P.O. Box # 11625 US Hwy 98 W	3. Mailing Address P.O. Box 1895
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miramar Beach FL	City & State Destin FL
Zip 32550	Country Walton
Zip 32540	Country Okaloosa

03122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3444997	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, WAVERLY 910 AIRPORT RD SUITE A-5 DESTIN, FL 32541	
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7. Name and Address of New Registered Agent Name Seacoast Association Management Inc. Street Address (P.O. Box Number, is Not Acceptable) Walt Leier 12273 US Hwy 98 Suite 204A City Destin FL Zip Code 32550	
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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 Walt Leier
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3.12.7

**Filing Fee is \$61.25
Due by May 1, 2007**

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 STREET ADDRESS CITY-ST-ZIP	D FEARER, CHARLES SR 100 SEASCAPE DR. #305 DESTIN, FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLILAND, JIM 5018 CAMBRON DRIVE NASHVILLE, TN 37221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, BILL 100 SEASCAPE DR #412 DESTIN, FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONWAY, RICHARD 6145 OLD HICKORY POINT ATLANTA, GA 30328 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDDLETON, JOE 100 SEASCAPE DR. UNIT 410 MIRAMAR BEACH, FL 32550 <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	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Walt Leier - 3.12.7