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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077144 (9)

1. Corporation Name

SEAGROVE BEACH VACATION RENTALS, INC.

Principal Place of Business

151 REGIONS WAY
SUITE 2-A
DESTIN FL 32541

Mailing Address

151 REGIONS WAY
SUITE 2-A
DESTIN FL 32541-5107



3. Date Incorporated or Qualified

09/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 3657 E HWY 30-A

Suite, Apt. #, etc

22

City & State

23 SEAGROVE BEACH, FL

Zip

24 32459

Country

25 USA

2a. Mailing Address

26 PO BOX 20410

Suite, Apt. #, etc

27

City & State

28 HOT SPRINGS, AR

Zip

29 71903

Country

30 USA

4. FEI Number

59-3401278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
743 HIGHWAY 98, EAST
SUITE 5
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HAUPT, ROBERT
STREET ADDRESS 5380 CENTRAL AVE.
CITY-ST-ZIP HOT SPRINGS, AR 71913

☐ DELETE

TITLE V
NAME GEHL, LARRY
STREET ADDRESS 12700 ANDERSON LAKES PKWY 101
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

☐ DELETE

TITLE S
NAME DUNLOP, SCOTT
STREET ADDRESS 12700 ANDERSON LAKES PKWY 101
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

☐ DELETE

TITLE T
NAME KOPRIVA, EARL
STREET ADDRESS 12700 ANDERSON LAKES PKWY 101
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)