

*FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000085383

1. Corporation Name

SEASIDE GOLF DEVELOPMENT, INC.

Principal Place of Business

100 E ROBERTS RD
PENSACOLA FL 32504
US

Mailing Address

PO BOX 7473
PENSACOLA FL 32504
US

2. Principal Place of Business

21 4300 BAYOU BLVD.

Suite, Apt. #, etc.

22 25A

City & State

23 PENSACOLA, FL

Zip Country

24 32503 25 ESCAMBIA

2a. Mailing Address

26 4300 BAYOU BLVD.

Suite, Apt. #, etc.

27 25A

City & State

28 PENSACOLA, FL.

Zip Country

29 32503 30 ESCAMBIA

9. Name and Address of Current Registered Agent

~~STACKHOUSE, HARRY B.~~
~~125 W. ROMANA ST., STE. 800~~
~~PENSACOLA FL 32501~~

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

59-3473574

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

CHARLES S. LIBERIS

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

1610 BARRANCA AVE.

83

84 City

PENSACOLA

FL

85 Zip Code

32501

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 607.0503, Florida Statutes.

SIGNATURE CHARLES S. LIBERIS

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

(NOTE: Registered Agent signature required when reinstating)

01/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D PATE, SCOTT G

STREET ADDRESS 100 E ROBERT RD

CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4300 BAYOU BLVD. SUITE 25A

1.4 CITY-ST-ZIP 32503

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 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 with all other like empowered.

SIGNATURE: SCOTT G. PATE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99

Date

(850) 476-1200

Daytime Phone #

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90026 040 ***150.00



DO NOT WRITE IN THIS SPACE

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