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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727647** (0)

1. Corporation Name

SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business GULF SHORE DRIVE P.O. BOX 414 DESTIN FL 32541	Mailing Address GULF SHORE DRIVE P.O. BOX 414 DESTIN FL 32540-0414
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3. Date Incorporated or Qualified 10/04/1973	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 900 Gulf Shore Dr.	2a. Mailing Address 26 PO BOX 414	4. FEI Number 59-1647251	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 Destin, Florida	City & State 28 Destin, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 32541	Country 25 OKALOOSA	Zip 29 32540	Country 30 OKALOOSA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WILKINSON, MARY
8 RUE D'ETRETAT
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 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE **MARY WILKINSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mary Wilkinson

4-22-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKSTON, DAMON	1.2 NAME	
STREET ADDRESS	25 IDLEWOOD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RIDGE LA 70123	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, NORMA	2.2 NAME	JOYCE DIAL
STREET ADDRESS	3115 SHORELINE TOWERS	2.3 STREET ADDRESS	3121 SHORELINE TOWERS
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	DESTIN, FL
TITLE	PVD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACKOF, BILL	3.2 NAME	AUBREY SANFORD
STREET ADDRESS	2071 SHORELINE TOWERS	3.3 STREET ADDRESS	3084 SHORELINE TOWERS
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	DESTIN, FL
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, MARY	4.2 NAME	
STREET ADDRESS	215 ANN CR 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	DGM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWNER, BOB	5.2 NAME	
STREET ADDRESS	222 ECHO CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32549	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

CR2E037 (9/96)