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FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **727647** (0)

1. Corporation Name

**SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**900 GULF SHORE DR.  
DESTIN FL 32541  
US**

**P.O. BOX 414  
DESTIN FL 32540  
US**



3. Date Incorporated or Qualified

**10/04/1973**

4. FEI Number

**59-1647251**

Applied For

Not Applicable

2. Principal Place of Business

**21 900 GULF SHORE DR.**

2a. Mailing Address

**26 PO BOX 414**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

**23 DESTIN, FLORIDA**

City & State

**28 DESTIN, FLORIDA**

Zip

**24 32541**

Country

**25 OKALOOSA**

Zip

**29 32540**

Country

**30 OKALOOSA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKINSON, MARY  
8 RUE D'ETRETAT  
DESTIN FL 32541**

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 617.0503, Florida Statutes.

SIGNATURE

**MARY WILKINSON**

**SECRETARY**

**04/01/1998**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE  
NAME **BANKSTON, DAMON**  
STREET ADDRESS **25 IDLEWOOD PLACE**  
CITY-ST-ZIP **RIVER RIDGE LA 70123**

1.1 TITLE **TD** ☐ Change ☒ Addition  
1.2 NAME **MALONE, JANE**  
1.3 STREET ADDRESS **5506 VISTA MEADOW**  
1.4 CITY-ST-ZIP **DALLAS, TX 75248**

TITLE **VP** ☒ DELETE  
NAME **DIAL, JOYCE**  
STREET ADDRESS **3121 SHORELINE TOWERS**  
CITY-ST-ZIP **DESTIN FL**

2.1 TITLE **VP** ☐ Change ☒ Addition  
2.2 NAME **REESE, TOM**  
2.3 STREET ADDRESS **152 HAMPTON ROAD**  
2.4 CITY-ST-ZIP **FAYETTEVILLE, GA 30215**

TITLE **PVD** ☐ DELETE  
NAME **SANFORD, AUBREY**  
STREET ADDRESS **3084 SHORELINE TOWERS**  
CITY-ST-ZIP **DESTIN FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **WILKINSON, MARY**  
STREET ADDRESS **215 ANN CR 4**  
CITY-ST-ZIP **DESTIN FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DGM** ☐ DELETE  
NAME **FOWNER, BOB**  
STREET ADDRESS **222 ECHO CIRCLE**  
CITY-ST-ZIP **FT WALTON BEACH FL 32549**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **ROBERT FOWNER**

**5/21/98**  
**850-837-7411**

CR2E037 (10/97)