


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 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 # 759782 (6)

1. Corporation Name
HUNTINGTON BY-THE-SEA CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business 140 MONACO DESTIN FL 32541 US	Mailing Address 140 MONACO DESTIN FL 32541-4006 US
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3. Date Incorporated or Qualified 06/25/1981	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2216960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent ABBOTT REALTY SERVICES INC 140 MONACO DESTIN FL 32541-1047	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, B. J.	1.2 NAME	
STREET ADDRESS	468 JEFFERSON STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEWNAN GA	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, JOE	2.2 NAME	
STREET ADDRESS	157 N UNION STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CANTON MS	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, EDDIE	3.2 NAME	
STREET ADDRESS	8325 WALNUT HILL LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUMPS, JEFF	4.2 NAME	
STREET ADDRESS	140 MONACO 205	4.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	4.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DONNA	5.2 NAME	D BARTON, BOB
STREET ADDRESS	315 W MAIN ST	5.3 STREET ADDRESS	1390 CROOKED STICK DR.
CITY - ST - ZIP	HENDERSONVILLE TN	5.4 CITY - ST - ZIP	OFFALAR, MD 63866
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANSONNE, CARL	6.2 NAME	G SHAFFREY, GEORGE
STREET ADDRESS	5249 RAPHAEL DRIVE	6.3 STREET ADDRESS	6842 CHINA LAKE RD.
CITY - ST - ZIP	ALEXANDRIA LA	6.4 CITY - ST - ZIP	ST. LOUIS, MO 63129

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.

SIGNATURE: CHRIS PAGE 4/10/97 (904) 837-0316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073707

CR2E037 (9/96)