

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90010 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759782**

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/25/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2216960
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABBOTT REALTY SERVICES INC 140 MONACO DESTIN FL 32541-1047		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S SANDERS, B. J. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, B. J.	1.2 NAME	
STREET ADDRESS	46B JEFFERSON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWNAN GA	1.4 CITY-ST-ZIP	
TITLE	D WATTS, JOE <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 CLARKE, EDDIE <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	P PAGE, CHRIS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, CHRIS	4.2 NAME	
STREET ADDRESS	140 MONACO ST, #503	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	
TITLE	D SHAFFREY, GEORGE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFREY, GEORGE	5.2 NAME	
STREET ADDRESS	6842 CHINA LAKE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63129	5.4 CITY-ST-ZIP	
TITLE	D HARRISON, MIKE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MIKE	6.2 NAME	
STREET ADDRESS	140 MONACO ST, #101	6.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE: CHRIS PAGE DATE: 1/5/99 DAYTIME PHONE #: (850) 837-7811

CR2E037 (1/198)