

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760366 (5)
1. Corporation Name
EAST PASS TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **100 GULF SHORE DR. DESTIN FL 32541 US**
Mailing Address: **100 GULF SHORE DR. DESTIN FL 32541 US**

3. Date Incorporated or Qualified: **10/09/1981**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2579097	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DALE E. PETERSON REALTY, INC. 321 HIGHWAY 98 EAST DESTIN FL 32541		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	200001760712 -04/15/96-01000-013
		84 City	***70.00 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWE, WILLIAM	1.2 NAME	PD President James Marshall
STREET ADDRESS	5360 NORTH CHIPMAN	1.3 STREET ADDRESS	100 Gulfshore Drive
CITY-ST-ZIP	OWOSSO MI	1.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, EDWARD	2.2 NAME	VD Vice President Mary Cass
STREET ADDRESS	626 OGLETREE RD.	2.3 STREET ADDRESS	4800 Park Lane
CITY-ST-ZIP	AUBURN AL	2.4 CITY-ST-ZIP	Dallas, TX 75220
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, SCOTT H.	3.2 NAME	SD Secretary Jim Cross
STREET ADDRESS	100 GULFSHORE DRIVE, UNIT 309	3.3 STREET ADDRESS	1204 Davinbrook Drive
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Oklahoma City, OK 73118-1010
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JAME	4.2 NAME	D DIRECTOR BOB KOEHL
STREET ADDRESS	100 GULFSHORE DRIVE	4.3 STREET ADDRESS	3213 TOLMAS DRIVE
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	METAIRE, LA 70002
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROUX, JAMES	5.2 NAME	
STREET ADDRESS	677 FOREST LAIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James R. Marshall James R. Marshall 3/15/96 (904) 8374579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

AM
4-15-96