

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED

**Sep 19 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 # 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1981	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2579097	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**DALE E. PETERSON REALTY, INC.
321 HIGHWAY 98 EAST
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 **DALE E. PETERSON** DATE **9-16-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWE, WILLIAM	
STREET ADDRESS	5360 NORTH CHIPMAN	
CITY-ST-ZIP	OWOSSO MI	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JAMES	
STREET ADDRESS	100 GULFSHORE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASS, MARY	
STREET ADDRESS	4800 PARK LANE	
CITY-ST-ZIP	DALLAS TX 75220	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROSS, JIM	
STREET ADDRESS	1204 DAVINBROOK DRIVE	
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOEHL, BOB	
STREET ADDRESS	3213 TOLMAS DRIVE	
CITY-ST-ZIP	METAIRE LA 70002	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pres. KOEHL, BOB
5.3 STREET ADDRESS	3213 Tolmas Drive
5.4 CITY-ST-ZIP	METAIRE, LA 70002
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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 **DALE E. PETERSON** SIGNATURE REQUIRED

CP2E037 (4/97)