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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 10/09/1981		
4. FEI Number 59-2579097	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Dale E. Peterson* **Dale E. Peterson** **4/30/98** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOWE, WILLIAM
STREET ADDRESS	5360 NORTH CHIPMAN
CITY-ST-ZIP	OWOSSO MI
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	P <input type="checkbox"/> DELETE
NAME	KOEHL, BOB
STREET ADDRESS	3213 TOLMAS DRIVE
CITY-ST-ZIP	METAIRE LA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cass, Mary
2.3 STREET ADDRESS	4800 Park Lane
2.4 CITY-ST-ZIP	Dallas, TX 75220
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cross, Jim
3.3 STREET ADDRESS	1204 Davinbrook Drive
3.4 CITY-ST-ZIP	OKlahoma City, OK 73118-1010
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D Kochl, Bob
4.3 STREET ADDRESS	3213 Tolmas Drive
4.4 CITY-ST-ZIP	Metaire, LA 70002
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 *[Signature]* **President** **4/30/98** **850-837-8879**

CR2E037 (10/97)