


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>100 GULF SHORE DR. DESTIN FL 32541 US</b>	Mailing Address <b>100 GULF SHORE DR. DESTIN FL 32541 US</b>
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3. Date Incorporated or Qualified <b>10/09/1981</b>		
4. FEI Number <b>59-2579097</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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 <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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

**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: *[Signature]* **Dale E. Peterson** DATE: **4/30/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HOWE, WILLIAM</b>
STREET ADDRESS	<b>5360 NORTH CHIPMAN</b>
CITY-ST-ZIP	<b>OWOSSO MI</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>CASS, MARY</b>
STREET ADDRESS	<b>4800 PARK LANE</b>
CITY-ST-ZIP	<b>DALLAS TX 75220</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>CROSS, JIM</b>
STREET ADDRESS	<b>1204 DAVINBROOK DRIVE</b>
CITY-ST-ZIP	<b>OKLAHOMA CITY OK 73118-1010</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>KOEHL, BOB</b>
STREET ADDRESS	<b>3213 TOLMAS DRIVE</b>
CITY-ST-ZIP	<b>METAIRE LA</b>
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	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Cass, Mary</b>
2.3 STREET ADDRESS	<b>4800 Park Lane</b>
2.4 CITY-ST-ZIP	<b>Dallas, TX 75220</b>
3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Cross, Jim</b>
3.3 STREET ADDRESS	<b>1204 Davinbrook Drive</b>
3.4 CITY-ST-ZIP	<b>OKlahoma City, OK 73118-1010</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>P/D</b> <b>Kochl, Bob</b>
4.3 STREET ADDRESS	<b>3213 Tolmas Drive</b>
4.4 CITY-ST-ZIP	<b>Metaire, LA 70002</b>
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** DATE: **4/30/98** **850-837-8879**

CR2E037 (10/97)