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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760366

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

618601 - 90007 - 43



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/09/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2579097	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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	
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 SCOTT MCNEY SCOTT MCNEY 08-31-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASS, MARY	1.2 NAME	R. WAYNE LEWIS
STREET ADDRESS	4800 PARK LANE	1.3 STREET ADDRESS	100 GULF SHORE DR
CITY-ST-ZIP	DALLAS TX 75220	1.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASS, MARY	2.2 NAME	BUDDY MARTIN
STREET ADDRESS	4800 PARK LANE	2.3 STREET ADDRESS	100 GULF SHORE DR 308
CITY-ST-ZIP	DALLAS TX 75220	2.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSS, JIM	3.2 NAME	JIM GIROUX
STREET ADDRESS	1204 DAVINBROOK DRIVE	3.3 STREET ADDRESS	677 FOREST LAIR
CITY-ST-ZIP	OKLAHOMA CITY OK 73118-1010	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCHL, BOB	4.2 NAME	JAMES MCLENDON
STREET ADDRESS	3213 TOLMAS DRIVE	4.3 STREET ADDRESS	P.O. BOX 506
CITY-ST-ZIP	METAIRE LA 70002	4.4 CITY-ST-ZIP	WETUMPKA, AL 36092
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	R. WAYNE LEWIS	5.2 NAME	
STREET ADDRESS	100 GULF SHORE DR. 405	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-4-99 Date Daytime Phone #

CR2E037 (11/98)