## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 767299

(1)

BAAILIO AH	AMMEDA	ACCOMINATION	INIO
MAINSAIL	UWNERS	ASSOCIATION.	IINU.

HAITO	AIL CHILLIO ADOCOMIO	4, 1140,							
Principal Place of Business Mailing		Mailing Address		• •	······································		. <del>10</del> 11 Diqii Bibli Digi		
114 MAINSAI DESTIN FL 3 US		114 MAINSAIL DRIVE DESTIN FL 32541 US							
•						<ol> <li>Date Incorporated or Qualified</li> <li>03/04/1983</li> </ol>	3a. Date of 04/1	Last R 12/18	
	ace of Business	2a. Mailing Address				4. FEI Number		<del></del>	pplied For
Suite, Apt. :	# ata	Suite, Apt. #, etc.				59-2331945	•		ot Applicable
22	m, etc.	27				5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,		Additional equired
City & State	)	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in			
24	25	29	30			· · · · · · · · · · · · · · · · · · ·	] Yes □ No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Agen	!	
				81	Name				
	ER, MARY K			82	Street Ac	ddress (P.O. Box Number is Not Acceptable	a)		
727 HW Destin	T 98 E FL 32541			83					
				84	City		FI 85	Zip	Code
or register	to the provisions of Sections 617.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Sect	da. Such change was authorize	s, the abo	ve-n corpo	named corp pration's b	poration submits this statement for the purpopard of directors. I hereby accept the appo	nose of changing	its re tered a	gistered office agent. I am
SIGNATURE	*								
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		Agent	t signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	CTO	20 IN 30
12.	OFFICERS AN	DELETE	13. 11Ti	TLE	·····	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE		Addition
NAME	PADAMO OHADITO DI ID	Control	1.2 N				الله الله	ii ngo	
STREET ADDRESS	ADAMS, CHARLES P, JR. 248 E. CAPITAL STREET				ADDRESS				
CITY-ST-ZIP	JACKSON MS			ITY-S					
TITLE	VD VD	DELETE	211		,-211		☐ Cha	ange	Addition
NAME	HANKINS, JAMES	_	2.2 N	AME				-	
STHEET ADDRESS	956 E. RIVERWALK DR.		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	MEMPHIS TN 38120		2 4 0	OTY-S	ST-ZIP				
TITLE	DS .	DELETE	3.1 Ti	*****			Cha	ange	Addition
NAME	MCLENDON, WILLIAM M.		3 2 N	AME					
STREET ADDRESS	7807 WYNLAKES BLVD		335	TREET	ADDRESS				
CITY-ST-ZIP	MONTGOMERY AL		3 4. 0	HTY-S	ST - ZIP				
THILE	TD	DELETE	411	TLE			☐ Cha	inge	Addition
NAME	BURTON, RAYMOND E		4 2 1		1				
STREET ADDRESS	3524 WYNWOOD DRIVE				ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL	□ Dri ttr			T-ZIP				☐ Addition
TITLE	D	DELETE	5 1 T				☐ Cha	गः⊈ि	Addition
NAME	WAYNE BEASLEY		5.2 N		******				
STREET ADDRESS	316 SHADY LAKE DRIVE				ADORESS				
CITY-ST-ZIP TITLE	TUPELO MS	DELETE	5.4 C 6.1 T		T-ZIP		□ Ch	ange	Addition
NAME		Plotterit	6.2 N					·B~	
STREET ADDRESS					ADDRESS				
			- 1		1-21P				
CITY-ST-ZIP	Learning that the information supplied	with this filing is voluntarily furn				fy for the exemption stated in Section 119.	07(3)(k), Florida (	Statute	s. I further

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: William M. M. Low SECRETARY 01-18-96 904-837-7894

RE037 (12/95)