FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

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Sandra B. Mortham 🖰

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

SIGNATURE:

767299

(1)

MAINSAIL OWNERS ASSOCIATION, INC.

						-			
Principal Place of Business Mailing Address						t immeli mmain delet sanen sinim saula	ibii biğii biki	# W1011 W1011 W	HALL BIBIN IDEA
114 MAINSAIL DRIVE 114 MAINSAIL DRIVE									
DESTIN FL 325	41	DESTIN FL 32541-4952							
US		US				3. Date Incorporated or Qualified		e of Last Fi	
						03/04/1983		02/07/19	96
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			59-2331945			t Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	
Zip	Country	Ζιρ	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No No			
24 25 29 29 9. Name and Address of Current Registere			30			Florida Statutes Yes L. No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					Name	10. Hand and Addisse of New No	Biereien V	HOIII.	
VD 4 C440	-D 444DV V			61					
KRAÈMER, MARY K				62	Street Add	ress (P.O. Box Number is Not Acceptat	ıle)		
727 HWY 98 E DESTIN FL 32541				83					
DESTIN	11. 32341				· <u>·</u>			T	
				84	City		FL	85 Zip (Code
11. Pursuant l	to the provisions of Sections 617.050	12 and 617.1508, Florida Statute	s, the a	bove	named corp	poration submits this statement for the partion's board of directors. I hereby acception's	surpose of o	hanging it	s registered
office or re agent. Lat	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 617,0503, Flo	utnorize rida Stat	a by tutes.	tne corpora	tion's board of directors. I hereby acce	odda aut ic	intment as	registered
f .									
0.	Signature, typed or printed name of registered ag	ent and title il applicable. (NOTE		d Aper	l signature requ	ired when reinstating)	DATE	DIRECT DE	
12.	OFFICERS AN	ID DIRECTORS	13. DELETE 1.1 TI		<u>1</u>	ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	P	☐ DELETE					Į.	Change	L] Addution
NAME	Portino, Olaviación II		1.2 N		IDDDCCCC				
STREET ADDRESS		11.0120.011.140			ADDRESS				
CITY-ST-ZIP TITLE	VD	DELETE	DELETE 2.1 TIT		- 2117			Change	Addition
NAME		C petere	1		1		•		
STREET ADDRESS	HANKINS, JAMES 956 E. RIVERWALK DR.			2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-ZIP				ITY-S					
TITLE	DS				1 - 211	······································		Change	Addition
NAME	MCLENDON, WILLIAM M.		3.2 NAME						
STREET ADDRESS	7807 WYNLAKES BLVD				ADDRESS				
CITY-ST-ZIP	MONTGOMERY AL		ŀ	CITY - S					
TITLE	TD	☐ DELETE	411					Change	Addition
NAME	BURTON, RAYMOND E		4.2 N	IAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	BIRMINGHAM AL		4.4 C	ITY- \$1	- ZIP				
TITLE	D	DELETE	5.1 T	ITLE				Change	Addition
NAME	WAYNE BEASLEY		5.2 N	IAME					
STREET ADORESS	316 SHADY LAKE DRIVE		5.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	TUPELO MS		5.4 0	ITY-SI	r-ZIP				
TITLE		☐ DELETE	6.1 T	ITLE		Assistant Secretary		Change	XX Addition
NAME			6.2 N	IAME		Catherine Faurett			

6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Plotos 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.

Catherine Fawcett

418 Magnolia Lodge Road