

FILE NOW: FILING FEE IS \$61.25

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Jan 23 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 # 767299 (1)
1. Corporation Name
MAINSAIL OWNERS ASSOCIATION, INC.



Principal Place of Business 114 MAINSAIL DRIVE DESTIN FL 32541 US	Mailing Address 114 MAINSAIL DRIVE DESTIN FL 32541 US
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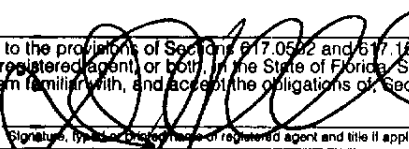
3. Date Incorporated or Qualified 03/04/1983	
4. FEI Number 59-2331945	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**KRAEMER, MARY K
727 HWY 98 E
DESTIN FL 32541**

10. Name and Address of New Registered Agent
81 Name **David Rogel**
82 Street Address (P.O. Box Number is Not Acceptable) **5201 Blue Lagoon Drive**
83 Suite 100
84 City **Miami** **FL** **85** Zip Code **33126**

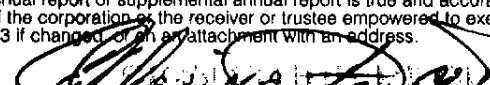
11. Pursuant to the provisions of Sections 617.0522 and 617.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **1/7/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	ADAMS, CHARLES P, JR.	
STREET ADDRESS	248 E. CAPITAL STREET	
CITY-ST-ZIP	JACKSON MS	
TITLE	VD	☐ DELETE
NAME	HANKINS, JAMES	
STREET ADDRESS	958 E. RIVERWALK DR.	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	DS	☐ DELETE
NAME	MCLENDON, WILLIAM M.	
STREET ADDRESS	7807 WYNLAKES BLVD	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	TD	☐ DELETE
NAME	BURTON, RAYMOND E	
STREET ADDRESS	3524 WYNWOOD DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	☐ DELETE
NAME	WAYNE BEASLEY	
STREET ADDRESS	316 SHADY LAKE DRIVE	
CITY-ST-ZIP	TUPELO MS	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
6.2 NAME	Catherine Fawcett	
6.3 STREET ADDRESS	114 Mainsail Drive	
6.4 CITY-ST-ZIP	Destin, FL 32541	

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 in an attachment with an address.

SIGNATURE:  **Catherine Fawcett** 1/13/98

CR2E037 (10/97)