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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

DOCUMENT # **767299** **(1)**

1. Corporation Name
MAINSAIL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
114 MAINSAIL DRIVE DESTIN FL 32541 US	114 MAINSAIL DRIVE DESTIN FL 32541 US

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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 617.0502 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: [signature] DATE: 1/7/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, CHARLES P, JR.		1.2 NAME		
STREET ADDRESS	248 E. CAPITAL STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HANKINS, JAMES		2.2 NAME		
STREET ADDRESS	956 E. RIVERWALK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38120		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MCLENDON, WILLIAM M.		3.2 NAME		
STREET ADDRESS	7807 WYNLAKES BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURTON, RAYMOND E		4.2 NAME		
STREET ADDRESS	3524 WYNWOOD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	WAYNE BEASLEY		5.2 NAME		
STREET ADDRESS	316 SHADY LAKE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TUPELO MS		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME			6.2 NAME	Catherine Fawcett	
STREET ADDRESS			6.3 STREET ADDRESS	114 Mainsail Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Destin, FL 32541	

CR2E037 (10/97)

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] Catherine Fawcett 1/13/98