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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 767299

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/04/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2331945 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DAVID ROGEL
5201 BLUE LAGOON DR #100
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name C. CLAY VICKERS
82 Street Address (P.O. Box Number is Not Acceptable) 114 MAINSAIL DRIVE
83
84 City DESTIN FL 85 Zip Code 32541

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 C C Vickers C.C.VICKERS ASSISTANT SECRETARY 3-1-99
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	P	☐ DELETE	1.1 TITLE	DS	☐ Change ☒ Addition
NAME	ADAMS, CHARLES P, JR.		1.2 NAME	Emmett Sanford	
STREET ADDRESS	248 E. CAPITAL STREET		1.3 STREET ADDRESS	445 Townbranch Road	
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP	Vernon, AL 35592	
TITLE	VD	☒ DELETE	2.1 TITLE	AS	☐ Change ☒ Addition
NAME	HANKINS, JAMES		2.2 NAME	C. CLAY VICKERS	
STREET ADDRESS	956 E. RIVERWALK DR.		2.3 STREET ADDRESS	4 COOSA COURT	
CITY-ST-ZIP	MEMPHIS TN 38120		2.4 CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	☐ DELETE	3.1 TITLE		☐ 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	DS	☒ DELETE	5.1 TITLE		☐ 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	AS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CATHERINE FAWCETT		6.2 NAME		
STREET ADDRESS	114 MAINSAIL DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: C. CLAY VICKERS ~~SIGNATURE~~ REQUIRED 3-1-99 850-837-7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #