


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1997 8:00am
Secretary of State

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N05377 (9)

1. Corporation Name

DESTIN YACHT CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**320 HWY 98 EAST
DESTIN FL 32541
US**

**POST OFFICE BOX 5273
DESTIN FL 32540-5273**



3. Date Incorporated or Qualified
09/27/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2653298

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAEMER, MARY K
727 HWY 98 EAST
SUITE 303
DESTIN FL 32541**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **PD** ☐ DELETE
NAME **NUNN, R. L.**
STREET ADDRESS **320 HWY 98 EAST #1003**
CITY-ST-ZIP **DESTIN FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **LAMBERT, LAURENCE L.**
STREET ADDRESS **320 HWY 98 E, #1205**
CITY-ST-ZIP **DESTIN FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **MASSEY, JAMES**
STREET ADDRESS **RT 6 BOX 225A N/A**
CITY-ST-ZIP **SAVANNAH TN**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **MARCRUM, GARY**
3.3 STREET ADDRESS **1200 BEACON PKWY EAST, #511**
3.4 CITY-ST-ZIP **BIRMINGHAM, AL 35209**

TITLE **SD** ☒ DELETE
NAME **MINTON, JERRY**
STREET ADDRESS **2819 SYLVIA DR.**
CITY-ST-ZIP **DECATUR AL 35603**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SD**
4.3 STREET ADDRESS **BIRKS, WILLIAM**
4.4 CITY-ST-ZIP **320 HWY 98 EAST, UNIT 301**
4.5 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)

904