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FILED
May 11 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 # **N05377** (9)
1. Corporation Name
DESTIN YACHT CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business 320 HWY 98 EAST DESTIN FL 32541 US	Mailing Address POST OFFICE BOX 5273 DESTIN FL 32540
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3. Date Incorporated or Qualified 09/27/1984	
4. FEI Number 59-2653298	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NUNN, R. L.	
STREET ADDRESS	320 HWY 98 EAST #1003	
CITY-ST-ZIP	DESTIN FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAMBERT, LAURENCE L.	
STREET ADDRESS	320 HWY 98 E, #1205	
CITY-ST-ZIP	DESTIN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARCUM, GARY	
STREET ADDRESS	1200 BEACON PARKWAY EAST, #511	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BIRKS, WILLIAM	
STREET ADDRESS	320 HWY 98 EAST UNIT #301	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COOPER, LARRY W.
2.3 STREET ADDRESS	320 Hwy 98 East, #1201
2.4 CITY-ST-ZIP	Destin, FL 32541
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LUCCASEN, RAPHAEL
3.3 STREET ADDRESS	2121 Viking Circle
3.4 CITY-ST-ZIP	Vestavia Hills, AL 35216
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANE DUNLAP
4.3 STREET ADDRESS	320 Hwy 98 East, #505
4.4 CITY-ST-ZIP	Destin, FL 32541
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MASSEY, JAMES
5.3 STREET ADDRESS	320 Hwy 98 East, #1105
5.4 CITY-ST-ZIP	Destin, FL 32541
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **R.L. Nunn, President**

(850) 654-4053

4/29/98

CR2E037 (10/97)