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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N05377

1. Corporation Name

DESTIN YACHT CLUB OWNERS ASSOCIATION, INC.

434161 - 90204 - 42

Principal Place of Business	Mailing Address
320 HWY 98 EAST DESTIN FL 32541 US	POST OFFICE BOX 5273 DESTIN FL 32540

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/27/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2653298 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate 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

KRAEMER, MARY K
~~227 HWY 98 EAST~~ 36494 Emerald Coast Pkwy
~~SUITE 303~~
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Mary K. Kraemer
82 Street Address (P.O. Box Number is Not Acceptable): 36494 Emerald Coast Pkwy
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 _____ DATE _____
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NUNN, R. L		1.2 NAME		
STREET ADDRESS	320 HWY 98 EAST ~~#1003~~ #1203		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COOPER, LARRY W		2.2 NAME	Thomas H. Treadwell	
STREET ADDRESS	320 HWY 98 EAST 1201		2.3 STREET ADDRESS	320 Hwy 98 East, #1003	
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUCCASEN, RAPHAEL		3.2 NAME		
STREET ADDRESS	2121 VIKING CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	VESTAVIA HILLS AL 35216		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DUNLAP, JANE		4.2 NAME	Rita Heidisch Davis, M.D.	
STREET ADDRESS	320 HWY 98 E 505		4.3 STREET ADDRESS	320 Hwy 98 East, #501	
CITY-ST-ZIP	DESTIN FL 32541		4.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	D	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MASSEY, JAMES		5.2 NAME	David Morris	
STREET ADDRESS	320 HWY 98 E 1105		5.3 STREET ADDRESS	509 Midway Circle	
CITY-ST-ZIP	DESTIN FL 32541		5.4 CITY-ST-ZIP	Brentwood, TN 37027	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED — 4/23/99 — 850-654-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #