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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

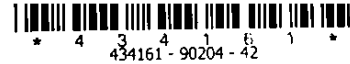
DESTIN YACHT CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

320 HWY 98 EAST
DESTIN FL 32541
US

Mailing Address

POST OFFICE BOX 5273
DESTIN FL 32540



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/27/1984

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

9. Name and Address of Current Registered Agent

KRAEMER, MARY K

~~320 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

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 #1203
CITY-ST-ZIP DESTIN FL

TITLE VP ☒ DELETE
NAME COOPER, LARRY W
STREET ADDRESS 320 HWY 98 EAST 1201
CITY-ST-ZIP DESTIN FL 32541

TITLE T ☐ DELETE
NAME LUCCASEN, RAPHAEL
STREET ADDRESS 2121 VIKING CIR
CITY-ST-ZIP VESTAVIA HILLS AL 35216

TITLE S ☒ DELETE
NAME DUNLAP, JANE
STREET ADDRESS 320 HWY 98 E 505
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☒ DELETE
NAME MASSEY, JAMES
STREET ADDRESS 320 HWY 98 E 1105
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Thomas H. Treadwell
2.3 STREET ADDRESS 320 Hwy 98 East, #1003
2.4 CITY-ST-ZIP Destin, FL 32541

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Rita Heidisch Davis, M.D.
4.3 STREET ADDRESS 320 Hwy 98 East, #501
4.4 CITY-ST-ZIP Destin, FL 32541

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME David Morris
5.3 STREET ADDRESS 509 Midway Circle
5.4 CITY-ST-ZIP Brentwood, TN 37027

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 850-654-4053
Date Daytime Phone #

CR2E037 (11/98)