

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003642 (5)

1. Corporation Name

**STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548**

**25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/22/1994

4. FEI Number

59-3312374

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1052 Highway 98 East

26 1052 Highway 98 East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
Destin, FL 32541**

**27 City & State
Destin, FL 32541**

Zip

Country

Zip

Country

24

25

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30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

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

**SIMSLEY, JAMES W
25 WALTER MARTIN ROAD, NE
FORT WALTON BEACH FL 32548**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MCNEIL, JOHN A JR.**
STREET ADDRESS **3500 FIRST AVENUE**
CITY - ST - ZIP **BIRMINGHAM AL 35222**

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **James H. Lewis**
13 STREET ADDRESS **2140 11th Ave. SO., Suite 405**
14 CITY - ST - ZIP **Birmingham, AL 35205**

TITLE **VD**
NAME **MCNEIL, MAGGIE**
STREET ADDRESS **3332 HERMITAGE ROAD**
CITY - ST - ZIP **BIRMINGHAM AL 35213**

21 TITLE **VD** ☒ Change ☐ Addition
22 NAME **John A. McNeil, Jr.**
23 STREET ADDRESS **34951 Emerald Coast Pkwy.**
24 CITY - ST - ZIP **Destin, FL 32541**

TITLE **STD**
NAME **RUNNELS, DAVID J**
STREET ADDRESS **106 SE WAYNELL CIRCLE**
CITY - ST - ZIP **FORT WALTON BEACH FL 32548**

31 TITLE **SD** ☒ Change ☐ Addition
32 NAME **James C. Lewis**
33 STREET ADDRESS **2140 11th Ave. So., Suite 405**
34 CITY - ST - ZIP **Birmingham, AL 35205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *James H. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Lewis, Pres.

4/12/95 205 9335080

Exempt From F