

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003642 (5)**  
 1. Corporation Name  
**STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1080 HWY 98 E DESTIN FL 32541</b>	Mailing Address <b>1080 HWY 98 E DESTIN FL 32541</b>
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3. Date Incorporated or Qualified <b>07/22/1994</b>	
4. FEI Number <b>59-3312374</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

**HALL, STEVE**  
**1234 AIRPORT RD**  
**STE 205**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HANSON, HAP</b>	
STREET ADDRESS	<b>910 REDWOOD CIR</b>	
CITY-ST-ZIP	<b>APPLE VALLEY MN 55124</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ACKERMAN, JANICE</b>	
STREET ADDRESS	<b>1612 ST ANTHONY CIR</b>	
CITY-ST-ZIP	<b>FT WRIGHT KT 41011</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, PETER</b>	
STREET ADDRESS	<b>109 W RUELLE</b>	
CITY-ST-ZIP	<b>MANDVILLE LA 70471</b>	
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	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hanson, HAP</b>	
1.3 STREET ADDRESS	<b>910 Redwood Circle</b>	
1.4 CITY-ST-ZIP	<b>Apple Valley, MN 55124</b>	
2.1 TITLE	<b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ackerman, Janice</b>	
2.3 STREET ADDRESS	<b>1260 Upland Avenue</b>	
2.4 CITY-ST-ZIP	<b>Ft. Wright, Kentucky 41011</b>	
3.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Dowell, Clifford</b>	
3.3 STREET ADDRESS	<b>6321 Massay Oaks Cove</b>	
3.4 CITY-ST-ZIP	<b>Memphis, TN 38120</b>	
4.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>James H. Lewis</b>	
4.3 STREET ADDRESS	<b>2140 11th Ave. South #405</b>	
4.4 CITY-ST-ZIP	<b>Birmingham, Alabama 35205</b>	
5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Homer Bartlett</b>	
5.3 STREET ADDRESS	<b>P.O. Box 2403 N/A</b>	
5.4 CITY-ST-ZIP	<b>Opelika, Alabama 36803-2403</b>	
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:** Hap Hanson *Hap Hanson President* 4/01/98 850-837-9444

CP2E037 (10/97)