

FILE NOW: FILING FEE IS \$61.25

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Mar 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003642

1. Corporation Name
STERLING SANDS CONDOMINIUM OWNERS ASSOCIATION, I NC.

Principal Place of Business 1080 HWY 98 E DESTIN FL 32541	Mailing Address 1080 HWY 98 E DESTIN FL 32541
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/22/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3312374
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HALL, STEVE 1234 AIRPORT RD STE 205 DESTIN FL 32541		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, HAP	1.2 NAME	
STREET ADDRESS	910 REDWOOD CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	APPLE VALLEY MN 55124	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, JANICE	2.2 NAME	
STREET ADDRESS	1260 UPLAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WRIGHT KY 41011	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWELL, CLIFFORD	3.2 NAME	
STREET ADDRESS	6321 MASSEY OAKS COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JAMES H	4.2 NAME	
STREET ADDRESS	2140 11TH AVE., SOUTH #405	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35205	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, HOMER	5.2 NAME	
STREET ADDRESS	P.O. BOX 2403 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPELIKA AL 36803-2403	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Janice P. Ackerman* SIGNATURE REQUIRED: *Janice P. Ackerman* Date: *3-10-99* Daytime Phone #: *850-837-9444*

CR2E037 (1/98)