

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N94000004110 (2)**

1. Corporation Name

**SCENIC 98 ASSOCIATION, INC.**



|                                                                                                            |                                                                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>9735 W. EMERALD COAST PARKWAY<br/>SUITE 5<br/>DESTIN FL 32541<br/>US</b> | Mailing Address<br><b>9735 W. EMERALD COAST PARKWAY<br/>SUITE 5<br/>DESTIN FL 32541<br/>US</b> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>08/17/1994</b> |                                                        |
| 4. FEI Number<br><b>59-3280216</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|                                                                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>HOWARD, KEITH<br/>9735 W. EMERALD COAST PARKWAY<br/>SUITE 5<br/>DESTIN FL 32541</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                                                     |
|----------------------------|-----------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                     |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE            |
| NAME                       | <b>HOWARD, KEITH</b>                                |
| STREET ADDRESS             | <b>9735 W. EMERALD COAST PWKY., #5</b>              |
| CITY-ST-ZIP                | <b>DESTIN FL 32541</b>                              |
| TITLE                      | <b>TS</b> <input type="checkbox"/> DELETE           |
| NAME                       | <b>RESTER, JIM</b>                                  |
| STREET ADDRESS             | <b>E. HIGHWAY 98, SANDESTIN</b>                     |
| CITY-ST-ZIP                | <b>DESTIN FL 32541</b>                              |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME                       | <b>MCGILL, JACK</b>                                 |
| STREET ADDRESS             | <b>501 MAGNOLIA</b>                                 |
| CITY-ST-ZIP                | <b>DESTIN FL 32541</b>                              |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME                       | <b>WILLIAMS, JUDITH</b>                             |
| STREET ADDRESS             | <b>960 NORTH SHORE DRIVE</b>                        |
| CITY-ST-ZIP                | <b>DESTIN FL 32541</b>                              |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME                       | <b>MCWHORTER, CAREY</b>                             |
| STREET ADDRESS             | <b>30 GARDENIA</b>                                  |
| CITY-ST-ZIP                | <b>SEAGROVE BEACH FL</b>                            |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <del>SANDEFUR, CRAWFORD</del>                       |
| STREET ADDRESS             | <del>250 TWISTED PINE TRAIL</del>                   |
| CITY-ST-ZIP                | <del>SANTA ROSA BEACH FL 32450</del>                |

|                                                       |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY-ST-ZIP                                       |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY-ST-ZIP                                       |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY-ST-ZIP                                       |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY-ST-ZIP                                       |                                                                   |
| 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:

*[Signature]* **REQUIRED**

**2/20/98**

**837-5790**

CR2E037 (10/97)