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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004110**

1. Corporation Name
SCENIC 98 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9735 W. EMERALD COAST PARKWAY SUITE 5 DESTIN FL 32541 US	9735 W. EMERALD COAST PARKWAY SUITE 5 DESTIN FL 32541 US

2. Principal Place of Business 21 610 GRAND BLVD.	2a. Mailing Address 26 610 GRAND BLVD	3. Date Incorporated or Qualifed 08/17/1994
Suite, Apt. #, etc. 22 SUITE	Suite, Apt. #, etc. 27 SUITE	4. FEI Number 59-3280216 ☐ Applied For ☐ Not Applicable
City & State 23 DESTIN, FL	City & State 28 DESTIN, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32541 Country 25 USA	Zip 29 32541 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOWARD, KEITH
9735 W. EMERALD COAST PARKWAY
SUITE 5
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
630 GRAND BLVD.

83 SUITE 100

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 X _____ 2/7/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD, KEITH 9735 W. EMERALD COAST PWKY., #5 DESTIN FL 32541	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS RESTER, JIM E. HIGHWAY 98, SANDESTIN DESTIN FL 32541	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 415 BRECKRICH ROAD PANAMA CITY BEACH, FL 32407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGILL, JACK 501 MAGNOLIA DESTIN FL 32541	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JUDITH 960 NORTH SHORE DRIVE DESTIN FL 32541	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCWHORTER, CAREY 30 GARDENIA SEAGROVE BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: X SIGNATURE REQUIRED 2/7/99 850-837-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #