2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
03-14-2001 90472 046 ****61.25

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DOCUMENT # N94000004110

1. Entity Name

SCENIC 98 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
630 GRAND BLVD SUITE 100 DESTIN FL 32541 US	PO BOX 2595 SANTA ROSA BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3280216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, KEITH 630 GRAND BLVD SUITE 100 DESTIN FL 32541	Name: Catharine Campbell-Moose Street Address (P.O. Box Number is Not Acceptable): 620 Circle Drive City: DeFuniak Springs, FL FL Zip Code: 32435

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Catharine Campbell-Moose Catharine Campbell-Moose, Executive Director 3/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD, KEITH 9735 W. EMERALD COAST PWKY., #5 DESTIN FL 32541	☐ Delete	Catharine Campbell-Moose Executive Director 620 Circle Drive DeFuniak Springs, FL 32435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTON, TOM 111 LITTLE RED FISH LN SANTA ROSA BEACH FL 32549	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGILL, JACK 501 MAGNOLIA DESTIN FL 32541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JUDITH 960 NORTH SHORE DRIVE DESTIN FL 32541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCWHORTER, CAREY 30 GARDENIA SEAGROVE BEACH FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASKEW, VANCE 1300 HIGHWAY 98 EAST DESTIN FL 32541	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catharine Campbell-Moose Catharine Campbell-Moose, Exec. Director 3/12/01 850-892-4772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #