

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003113 (5)
 1. Corporation Name
SOUTH WALTON COMMUNITY COUNCIL, INC.



Principal Place of Business 42 BOARDWALK LANE #46 SANTA ROSA BEACH FL 32459	Mailing Address PO BOX 1673 -X SANTA ROSA BEACH FL 32459
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3. Date Incorporated or Qualified 06/11/1996	
4. FEI Number 59-3405269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 21 <input checked="" type="checkbox"/>	2a. Mailing Address 26 P.O. Box 1661
Suite, Apt. #, etc. 22 <input checked="" type="checkbox"/>	Suite, Apt. #, etc. 27 <input checked="" type="checkbox"/>
City & State 23 <input checked="" type="checkbox"/>	City & State 28 <input checked="" type="checkbox"/>
Zip 24 <input checked="" type="checkbox"/>	Country 25 U.S.
Zip 29 <input checked="" type="checkbox"/>	Country 30 U.S.

9. Name and Address of Current Registered Agent
BAIR, WALDO E
42 BOARDWALK LANE #46
SANTA ROSA BEACH FL 32459

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCHER, EDGAR M JR.	1.2 NAME	
STREET ADDRESS	37 N MYRLTE DR., 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, BETTIE	2.2 NAME	
STREET ADDRESS	4100 HWY 30A, 505	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	2.4 CITY-ST-ZIP	
TITLE	2VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, STEVE	3.2 NAME	
STREET ADDRESS	33 SUNDOWN CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	3.4 CITY-ST-ZIP	
TITLE	1VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, D.L.	4.2 NAME	
STREET ADDRESS	258 PARK PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORTRIDGE, ELIZABETH	5.2 NAME	
STREET ADDRESS	198 CENTER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, GLENN	6.2 NAME	
STREET ADDRESS	21 BAY HAVEN CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	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: *Ed Belcher / Ed Belcher* 4/29/98 850-231-1626

CR2E037 (10/97)