

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90046 032 ****61.25

0079067

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

DOCUMENT # N98000002683

1. Corporation Name
**THE VILLAS AT SANTA ROSA BEACH OWNERS ASSOCIATIO
 N, INC.**

Principal Place of Business 3153 CLUB DRIVE DESTIN FL 32541	Mailing Address 3153 CLUB DRIVE DESTIN FL 32541
---	---



2. Principal Place of Business 21 5200 W. Hwy C-30A Suite, Apt. #, etc. 22 City & State 23 Santa Rosa Beach FL Zip Country 24 32459 25 USA	2a. Mailing Address 26 5200 W. Hwy C-30A Suite, Apt. #, etc. 27 City & State 28 Santa Rosa Beach FL Zip Country 29 32459 30 USA	3. Date Incorporated or Qualified 05/07/1998 4. FEI Number - Applied For 59-3521038 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
--	---	--

9. Name and Address of Current Registered Agent

WEST, CLARK
 3153 CLUB DRIVE
 DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name Dune Allen Realty
 82 Street Address (P.O. Box Number is Not Acceptable)
 5200 W. Hwy C 30A
 83
 84 City Santa Rosa Beach FL 85 Zip Code 32459

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 Debbie Kotte DATE 1-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, ELLIOTT	
STREET ADDRESS	3153 CLUB DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEST, CLARK	
STREET ADDRESS	3153 CLUB DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEW, MARILYN M	
STREET ADDRESS	2100 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George Tashie	
1.3 STREET ADDRESS	8925 Winding Way Dr.	
1.4 CITY-ST-ZIP	Germantown, TN 38139	
2.1 TITLE	V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leslee Mitchell	
2.3 STREET ADDRESS	247 Mulberry	
2.4 CITY-ST-ZIP	Mandeville, LA 70471	
3.1 TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scott Crichton	
3.3 STREET ADDRESS	501 Texas Ave #300-D	
3.4 CITY-ST-ZIP	Shreveport, LA 71101	
4.1 TITLE	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joan McClelland	
4.3 STREET ADDRESS	1108 Judith Way	
4.4 CITY-ST-ZIP	Atlanta, GA 30324	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Margaret Lamb	
5.3 STREET ADDRESS	695 Bittersweet Trail'	
5.4 CITY-ST-ZIP	Atlanta, GA 30350	
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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] DATE 1/27/99 DAYTIME PHONE # 901-795-6851
Signature and typed or printed name of signing officer or director

CR2E037 (1/98)