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FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005419 (5)**

1. Corporation Name

WINDANCER COMMUNITY ASSOCIATION, INC.

Principal Place of Business

1018 EAST HIGHWAY 98
DESTIN FL 32541

Mailing Address

1018 EAST HIGHWAY 98
DESTIN FL 32541



3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 **DALE E. PETERSON REALTY, INC.**

2a. **DALE E. PETERSON REALTY, INC.**

4. FEI Number
59-3368858

Applied For
Not Applicable

22 **321 HWY 98 EAST**

27 **321 HWY 98 EAST**

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

23 **DESTIN, FL.**

28 **DESTIN, FL.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32541**

25 **OKALOOSA**

29 **32541**

30 **OKALOOSA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKE, LES W
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

81 Name **DEBORAH L. MCNEY**

82 Street Address (P.O. Box Number is Not Acceptable)
DALE E. PETERSON REALTY, INC.

83 **321 HWY 98 EAST**

84 **DESTIN**

85 **FL 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 **Deborah L. Mcney**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHINZ, F.W. (FREDDIE)	
STREET ADDRESS	1018 EAST HIGHWAY 98	
CITY - ST - ZIP	DESTIN FL 32541	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHINZ, SHARON M	
STREET ADDRESS	1018 EAST HIGHWAY 98	
CITY - ST - ZIP	DESTIN FL 32541	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	PETERSON, DALE E	
STREET ADDRESS	98 DOLPHIN STREET	
CITY - ST - ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 do 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 applicable, or in an attachment with an address.

SIGNATURE: **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

904-654-4884

Date Daytime Phone # **0077623**

CR2E037 (9/96)