FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🧎

Secretary of State **DIVISION OF CORPORATIONS**

N96000002205 (0) DOCUMENT # 1. Corporation Name

WINDANCER OWNERS ASSOCIATION, INC.

FILED

Jun 18 1997 8:00am

Secretary of State

i ilitoipai i lac	20 Of Bosinoss	Mailing Address			
1018 EAST HK DESTIN FL 32		1018 EAST HIGHWAY 98 DESTIN FL 32541			
				3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report
· · ·	Place of Business	2a. Mailing Address	TD. 11 -	4. FEI Number	Applied For
		es DALE E. HEIL	wow Kentry T	LUK	Not Applicable
	huy 98 EAST	Suite, Apt. #, etc. 27 331 Hwy 9	8 EAST !	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	TIN, FL	City & State 28 Destrict 1	A,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 308	Country COUNTRY	L Zip	OLANUSA	8. This corporation has liability for in	***************************************
24 000	9. Name and Address of Current F		OICHICOSTS_	10. Name and Address of New Reg	<u> </u>
221 MCKENZIE AVENUE PANAMA CITY FL B3 30 B4 City Tel				POWNT L. MCNEY dress (P.O. Box Number is Not Accepted LE FETCHEON V 1 Hury 98 EAST	FL 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	Sun ture, typed or printed name of registered agent a	nd tille il anolicable (NOTE: E	Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	SCHINZ, F W		1.2 NAME		
STREET ADDRESS	1018 EAST HIGHWAY 98		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	SCHINZ, SHARON M		2.2 NAME		
STREET ADDRESS	1018 EAST HIGHWAY 98		2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	PETERSON, DALE E		3.2 NAME		
STREET ADDRESS	93 DOLPHIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	60000221 -06/18/970109	6336 T
STREET ADDRESS			5.3 STREET ADDRESS	-06/18/970109	7022
CITY-ST-ZIP			5.4 CTY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 LE		Change Addition
NAME			6.2 ME		NF.
STREET ADDRESS			6.3 REET ADDRESS		17.10
CITY-ST-ZIP			6.4 Y-ST-ZIP		6.10
	by certify that the information supplied w	ith this filing does not qualify		d in Section 119.07/3/(i) Florida Statutes	I further certify that the

scuriet and that my signature shall have the same legal effect as if made under oath; that secule this report as required by Chapter 617, Florida Statutes; and that my name

11.2547