

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 21 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004494 (8)**  
 1. Corporation Name  
**THE SUMMIT AT TOPS'L OWNERS ASSOCIATION, INC.**



Principal Place of Business 5550 EAST HIGHWAY 98 DESTIN FL 32541	Mailing Address 5550 EAST HIGHWAY 98 DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>08/28/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>515 Tops'l Bch Blvd.</b>	2a. Mailing Address 26 <b>9001 Highway 98 West</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Destin, FL</b>	28 City & State <b>Destin, FL</b>
24 Zip <b>32541</b>	25 Country <b>USA</b>
29 Zip <b>32541</b>	30 Country <b>USA</b>

4. FEI Number <b>59-3406281</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**HART, W C**  
**125 WEST ROMANA STREET #800**  
**PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name <b>James W. Grimsley</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>25 NE Walter Martin Rd.</b>
83
84 City <b>Ft. Walton Bch</b>
85 Zip Code <b>FL 32548</b>

11. Pursuant to the provisions of Sections 17.0502 and 17.1508, 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

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FLAUTT, FRANK JR</b>	
STREET ADDRESS <b>6075 POPLAR AVENUE - 408</b>	
CITY-ST-ZIP <b>MEMPHIS TN 38119</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ABBOTT, WILLIAM W JR</b>	
STREET ADDRESS <b>506 HIGHWAY 98 - EAST</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HART, W C</b>	
STREET ADDRESS <b>125 W. ROMANA STREET #800</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32501</b>	
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 <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Sam Mc Karem</b>	
1.3 STREET ADDRESS <b>830 Gulf Shore Drive #5025</b>	
1.4 CITY-ST-ZIP <b>Destin, FL 32541</b>	
2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>John Livings</b>	
2.3 STREET ADDRESS <b>NA</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>S/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Charles Settoon</b>	
3.3 STREET ADDRESS <b>5321 Toby Lane</b>	
3.4 CITY-ST-ZIP <b>Kenner, LA 70065</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Patricia Hughes</b>	
4.3 STREET ADDRESS <b>701 Marker Street Suite 1510</b>	
4.4 CITY-ST-ZIP <b>St. Louis, MO 63101</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Bill Burton</b>	
5.3 STREET ADDRESS <b>1507 Linden Ave.</b>	
5.4 CITY-ST-ZIP <b>Owensboro, KY 42301</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Scott Wood</b>	
6.3 STREET ADDRESS <b>5331 Oak Grove Circle</b>	
6.4 CITY-ST-ZIP <b>Long Grove, IL 60047</b>	

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 changed, or on an attachment with an address.

CP2E037 (4/97)

Item 13 Continued-

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Amanulah Khan  
114 Hetton Court  
Glassboro, NJ 08028