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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002205 (0)

1. Corporation Name

WINDANCER OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

DALE E. PETERSON REALTY, INC.
321 HWY 98 EAST
DESTIN FL 32541

DALE E. PETERSON REALTY, INC.
321 HWY 98 EAST
DESTIN FL 32541

3. Date Incorporated or Qualified

04/23/1996

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNEY, DEBORAH L
DALE E. PETERSON REALTY, INC.
321 HWY 98 EAST
DESTIN FL 32541

81 Name SAME

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

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 *Sandra B. Morham*

(NOTE: Registered Agent signature required when reinstating)

01-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHINZ, F W	
STREET ADDRESS	1018 EAST HIGHWAY 98	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHINZ, SHARON M	
STREET ADDRESS	1018 EAST HIGHWAY 98	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, DALE E	
STREET ADDRESS	93 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	DIRECTOR	
NAME	GARY CARLINGTON	
STREET ADDRESS	2326 EDMERE LAKE CIRCLE	
CITY-ST-ZIP	MARIETTA, GA 30062-8404	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT ACKLEY	
1.3 STREET ADDRESS	231 FORKER BLVD.	
1.4 CITY-ST-ZIP	DAYTON, OH 45419	
2.1 TITLE	VICE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM ENGLISH	
2.3 STREET ADDRESS	430 PENISLAND DR.	
2.4 CITY-ST-ZIP	SHILOHVILLE, IN 46176	
3.1 TITLE	SECRETARY/TREASURER/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD STARK	
3.3 STREET ADDRESS	9570 RED BIRD LANE	
3.4 CITY-ST-ZIP	ALPHARETTA, GA 30202	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JUDY BEYELLE	
4.3 STREET ADDRESS	2032 STRATMOOR BLVD	
4.4 CITY-ST-ZIP	LOUISVILLE, KY 40205	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRITZ APPEL	
5.3 STREET ADDRESS	412 HENREDON HILL	
5.4 CITY-ST-ZIP	PEACHTREE CITY, GA 30269	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MIKE LOTTRELL	
6.3 STREET ADDRESS	105 ENTERPRISE CT.	
6.4 CITY-ST-ZIP	COLUMBUS, GA 31904	

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: *Blachley*

CP2E037 (10/97)