FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

706130

(2)

DESTIN WATER USERS, INC.

Principal Plac	ce of Business	Mailing Address			
135 BENNING DR PO BOX 308 DESTIN FL 32540-0308 US		135 BENNING DR PO BOX 308 DESTIN FL 32540-0308 US			
				3. Date Incorporated or Qualified 09/09/1963	3a. Date of Last Report 04/03/1995
2. Principal (Place of Business	2a. Mailing Address		4. FEI Number 59-1082116	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & Sta	uto.	City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Cu		30	Florida Statutes	Yes No
	s. Ivallie and Address of Cu	irem negistereo Agent	81 Name	10. Name and Address of New Re	gistered Agent
CMITH	EDIK T		o i Name		
SMITH, ERIK T. 1244 SUMMIT LN.			82 Street Ado	tress (P.O. Box Number is Not Acceptable	
GULF BREEZE FL 32561			83		
			84 City		85 Zip Code
or registi	t to the provisions of Sections 617.0 ered agent, or both, in the State of f vith, and accept the obligations of, S	rlonda. Such change was authorized	the above named corpor by the corporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	viin, and boody, the congations of, t	section 017,0000, Florida Statutes.			
SIGNATORE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	Registered Agent signature requin	ad when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	DERS AND DIRECTORS IN 12
TITLE	VD USON USON	□ DELETE	1.1 TITLE		Change Addition
NAME	BROUGH, HERB		1.2 NAM :		
STREET ADDRESS	745 INDIAN TRAIL DESTIN, FL 00000		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	97 J)	C DEFETC	14 CITY ST-ZIP		
NAME	SHEA, JOHN	DELETE	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	404 OF4 O4TO DD		2.2 NAME:		
CITY-ST-2IP	DESTIN, FL 00000		2.3 STREET ADDRESS		
TITLE	PD	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME	FRENCH, GEORGE		3 2 NAME		Programme Norman
STREET ADDRESS	*** ***		3 3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 00000		3.4. CHTY-ST-ZIP		
TITLE	D	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	DUHART, HARRY		4 2 NAME		
STREET ADDRESS	2 MUSKOGEE LN		4.3 STREET ADDRESS		
CHY-ST-ZIP	DESTIN, FL 00000		4.4 CITY: ST-ZIP		
TITLE	D ST	DELETE	5 1 TIFLE		☐ Change ☐ Addition
NAME	GILDAY, JOHN		5 2 NAME		
STREET ADDRESS	3 CREEK CT		5 3 STRE≻F ADDRESS		
C:TY-ST-ZIP	DESTIN, FL 00000	Parage	5 4 CITY ST-ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	i		6 4 CITY : ST - 7IP		

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-26-96

FILED

May 01, 1996 08:00 AM

Secretary of State

837-6144

CR2F037 (12/95)