

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727647 (0)

1. Corporation Name

SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION
INC.

Principal Place of Business

GULF SHORE DRIVE
P.O. BOX 414
DESTIN FL 32541

Mailing Address

GULF SHORE DRIVE
P.O. BOX 414
DESTIN FL 32541



3. Date Incorporated or Qualified
10/04/1973

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1647251

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

WILKINSON, MARY

215 ANN CR 414
DESTIN FL 32541

8 RUE D'ETRETAT

81 Name

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 617.1503, 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 MARY WILKINSON

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE
NAME O'BRIEN, JACK
STREET ADDRESS 2133 VESTRIDGE DR
CITY-ST-ZIP BIRMINGHAM AL

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME DAMON BANKSTON
1.3 STREET ADDRESS 25 IDLEWOOD PLACE
1.4 CITY-ST-ZIP RIVER RIDGE, LOUISIANA 70123

TITLE PD ☐ DELETE
NAME FREEMAN, NORMA
STREET ADDRESS 3115 SHORELINE TOWERS
CITY-ST-ZIP DESTIN FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME NORMA FREEMAN
2.3 STREET ADDRESS SAME
2.4 CITY-ST-ZIP SAME

TITLE VD ☒ DELETE
NAME SANFORD, AUBREY
STREET ADDRESS 3084 SHORELINE TOWERS
CITY-ST-ZIP DESTIN FL

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME BILL BACKOF
3.3 STREET ADDRESS 2071 SHORELINE TOWERS
3.4 CITY-ST-ZIP DESINT, FLORIDA 32541

TITLE S ☐ DELETE
NAME WILKINSON, MARY
STREET ADDRESS 215 ANN CR 4
CITY-ST-ZIP DESTIN FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME JEFFERIES, BOB
STREET ADDRESS 104 E. PINEHURST DR.
CITY-ST-ZIP SANTA ROSA BEACH FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME BOB FOWNER
5.3 STREET ADDRESS 222 ECHO CIRCLE
5.4 CITY-ST-ZIP FT. WALTON BEACH, FLORIDA 32549

TITLE D ☒ DELETE
NAME RICHARDS, JOSEPH
STREET ADDRESS 3106 SHORELINE TOWERS
CITY-ST-ZIP DESTIN FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
600001842045
-05/29/96--01022--034
***61.25
5-28-96
AEB

14. I do 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: BILL BACKOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 1996

Date

Daytime Phone #

12E037 (12/95)