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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727647

1. Corporation Name

SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION , INC.

433115 - 90183 - 46

Principal Place of Business	Mailing Address
900 GULF SHORE DR. DESTIN FL 32541 US	P.O. BOX 414 DESTIN FL 32540 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/04/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1647251 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WILKINSON, MARY
8 RUE D'ETRETAT
DESTIN FL 32541

10. Name and Address of New Registered Agent

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 617.1508, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MALONE, JANE		1.2 NAME		
STREET ADDRESS	5506 VISTA MEADOW		1.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75243		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REESE, TOM		2.2 NAME		
STREET ADDRESS	152 HAMPTON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE GA 30215		2.4 CITY-ST-ZIP		
TITLE	PVD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANFORD, AUBREY		3.2 NAME		
STREET ADDRESS	3084 SHORELINE TOWERS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILKINSON, MARY		4.2 NAME		
STREET ADDRESS	215 ANN CR 4		4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST-ZIP		
TITLE	DGM	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOWNER, BOB		5.2 NAME		
STREET ADDRESS	222 ECHO CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32549		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			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-22-99 850-837-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #