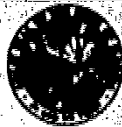


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95-MAY -1 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732891 (7)
1. Corporation Name
MOSSEY COVE TOWNHOUSE OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
825 INDIAN TRAIL 825 INDIAN TRAIL
DESTIN FL 32541 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/30/1975 3a. Date of Last Report 04/25/1994
4. FEI Number 59-2047230 Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSDICK, JULIAN T
825 INDIAN TRAIL UNIT 5A
DESTIN FL 32541

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83 3871 INDIAN TRAIL - 5A
84 City DESTIN 1 FL 85 Zip Code 32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Julian T. Rosdick
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT P/D ☒ Change ☐ Addition
NAME	FORD, ROBERT	1.2 NAME	ROBERT FORD
STREET ADDRESS	825 INDIAN TRAIL #1-A	1.3 STREET ADDRESS	3871 INDIAN TRAIL
CITY - ST - ZIP	DESTIN FL	1.4 CITY - ST - ZIP	DESTIN FL 32541
TITLE	VPD	2.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	ANDERSON, GRETA	2.2 NAME	PHIL TROULLOS
STREET ADDRESS	825 INDIAN TRAIL #1-C	2.3 STREET ADDRESS	3871 INDIAN TRAIL
CITY - ST - ZIP	DESTIN FL	2.4 CITY - ST - ZIP	DESTIN FL 32541
TITLE	VP	3.1 TITLE	VICE PRESIDENT ☒ Change ☒ Addition
NAME	STEENSON, IAN	3.2 NAME	DEE BRYAN
STREET ADDRESS	825 INDIAN TRAIL #1-E	3.3 STREET ADDRESS	3871 INDIAN TRAIL
CITY - ST - ZIP	DESTIN FL	3.4 CITY - ST - ZIP	DESTIN FL 32541
TITLE	T	4.1 TITLE	TREASURER ☒ Change ☒ Addition
NAME	SAMPSON, REED	4.2 NAME	ROBERT DeFOE T/D
STREET ADDRESS	825 INDIAN TAIL 4-F	4.3 STREET ADDRESS	3871 INDIAN TRAIL
CITY - ST - ZIP	DESTIN FL	4.4 CITY - ST - ZIP	DESTIN FL 32541
TITLE	SD	5.1 TITLE	S/P ☐ Change ☐ Addition
NAME	ROSDICK, JULIAN T	5.2 NAME	JULIAN T. ROSDICK
STREET ADDRESS	825 INDIAN TRAIL-5A	5.3 STREET ADDRESS	3871 INDIAN TRAIL
CITY - ST - ZIP	DESTIN FL	5.4 CITY - ST - ZIP	DESTIN FL 32541
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Julian T. Rosdick Julian Rosdick

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #