## 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 #
1. Corporation Name

732891

(7)

MOSSEY COVE TOWNHOUSE OWNERS' ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address		····-		-	IBDI UPDIF DIGIT I	/	Track Blancian
825 INDIAN T DESTIN FL 32		825 INDIAN TRAIL DESTIN FL 32541							
						3. Date Incorporated or Qualified 05/30/1975	3a. Date	of Last 5/01/19	Report <b>}95</b>
<b>—</b>	ace of Business	2a. Mailing Address				4. FEI Number 59-2047230			Applied For
Suite, Apt.	# otc	Suite, Apt. #, etc.				00 2011200			Not Applicable  Additional
22	π, oto.	27				5. Certificate of Status Desired	<b>⊠</b>		Required
City & State	Э	City & State				Election Campaign Financing     Trust Fund Contribution			<b>0</b> May Be d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			199.032,
24	9. Name and Address of Curr	rent Registered Agent	30			Florida Statutes  10. Name and Address of New R	Yes N		<del></del>
	5. Name and Address of Car	Telli Hogistered Agent		81	Name	10. Halle and Addices of Hew I	oğlatorou A		
ROSDICI	K, JULIAN T		-	82	Stroot Address	ss (P.O. Box Number is Not Acceptab			
	AN TRAIL UNIT 5A			02	Street Modifes	55 (F.O. DOX NUMBER IS NOT ACCEPTACE	10,		
	DIAN TRAIL 5A			83					
DESTIN	FL 32541		-	84	City		FL	85 Zıç	p Code
11. Pursuant t	to the provisions of Sections 617.05	502 and 617,1508. Florida Statu	ites, the abov	 ∕e-na	med corporat	ion submits this statement for the pur	roose of chan	oina its r	eaistered office
or register familiar wi	red agent, or both, in the State of Fl th, and accept the obligations of S	lorida. Such change was author ection 61Z-0503. Florida Statute	ized by the co is.	orpor	ration's board	of directors. I hereby accept the app	bintment as re	gistered	agent. I am
SIGNATURE	1 Just Jones	· Kes Villa					3~	۱ X ·	-96
•	Signature, tylled or printed name of registered a	gent and title (applicable (f		Agent s	signature required v		DATE		
12.	PD OFFICERS	AND DIRECTORS  DELETE	13.	E		ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	OFFE CTO	RS IN 12
TITLE NAME	FORD, ROBERT	Decer	1.2 NA				<b>L</b>	Change	LI MOMON
STREET ADDRESS	3871 INDIAN TRAIL				DDRESS				
CITY-ST-ZIP	DESTIN FL		14 C/T						
TITLE	VP	DELETE	2 1 TIT					Change	Addition
NAME	troullos, Phil		2 2 NA	ME					
STREET ADDRESS	3871 INDIAN TRAIL		2 3 STF	REET A	DDRESS				
CITY-ST-ZIP	DESTIN FL		2 4 CI		- 718				
TITLE	VP	DEFELE	3 1 TIT				Ĺ	) Change	☐ Addition
NAME	BERGAN, DEE		3 2 NA						
STREET ADDRESS	3871 INDIAN TRAIL DESTIN FL				DDRESS				
CITY-ST-ZIP	T	TOPELETE	3.4. Cr 4.1 TiT		- ZIP	<del>- 4000017</del> 7	<b>300</b> 5	1 anne	[ ] Addition
NAME	DEFOE, ROBERT	DECETE	4. 2 NA			<b>4000017</b> 7 -04/05/36010	05027	}	
STREET ADORESS	3871 INDIAN TRAIL				DDRESS	***70.00			
CITY-ST-ZIP	DESTIN FL		4.4 CH		ł				
TITLE	SD	DELETE	5.1 TIT					] Change	Addition
NAME	ROSDICK, JULIAN T		5.2 NA					1	$\nu$ ,
STREET ADDRESS	3871 INDIAN TRAIL		5351	REETA	DDRESS			l	4.4
CITY-ST-ZIP	DESTIN FL		5.4 C/T	Y-ST-	- ZIP				
TITLE		DELETE	6 1 TIT	LE				] Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			63ST	REET A	DDRESS				
CITY-ST-ZIP			6.4 CIT						
4.4 Lala basala	we cortifue that the information ourselie	ad with this files is valuatarily for	raishad and c	looe	not qualify for	the evention stated in Section 110	OZZAVIA Elozi	do Ctatut	oc I further

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

3.28-96 (904) 54.0078

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FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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MOSSEY COVE TOWNHOUSE OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address  825 INDIAN TRAIL 825 INDIAN TRAIL  DESTIN FL 32541 DESTIN FL 32541								
					3. Date Incorporated or Qualified 05/30/1975		ate of Last Report 05/01/1995	
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 26				59-2047230		Not Applicable		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State				5. Certificate of Status Desired	Ø	\$8.75 Additional Fee Required		
23	al <del>o</del>	City & State	City & State		6. Election Campaign Financing		\$5.00 May Be	
Zip	· (=v)		Country		Trust Fund Contribution	Added to Fees		
24			30			is liability for intangible tax under s. 199,032,		
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Ro			
			81	Name				
	CK, JULIAN T		82	Smart Ad	iters (P.O. Box Number is Not Acceptable			
	DIAN TRAIL UNIT 5A		[82]	CONCR. MOD	rens (r.o. box number is not acceptable	e)		
	NDIAN TRAIL 5A		83					
DESTIN	N FL 32541		84	City			·	
				-		Fi	85 Zip Code	
11. Pursuan or regist	it to the provisions of Sections 617.( ered agent, or both, in the State of I	0502 and 617,1508, Florida Statu Florida, Such change was authori	tes, the above r	arned corpo	oration submits this statement for the purp ard of directors. Thereby accept the appo	ose of cha	anging its registered office	
familiar v	with, arthaccept the obligations of	Section 617,0503, Florida Statute	S.	DIATION S DOE	ird or directors. I hereby accept the appo	intment as	registered agent. I am	
SIGNATURE		$-\mathbf{X} \otimes (\mathbf{Y}_{1}, \mathbf{Y}_{2})$				7-	28-96	
12.	Stgnatuse typed or printed name of registered	AND DIRECTORS	OTE: Registered Agen	Signature require		DATE		
THLE	PD	DELETE	13.		ADD HONS CHANGES TO DETR			
NAME	FORD, ROBERT			ĺ		[	Change Addition	
STREET ADDRESS	0074 MIDIGAL TO ALL		1.2 NAME	1000000				
CHTY - ST - ZIP	DESTIN FL		1.3 \$TREET					
TITLE	VP	DELETE	1.4 CHY-SI 2.1 THE	- ZIF				
NAME	TROULLOS, PHIL	<u></u>	2.2 NAME			L	☐ Change ☐ Addition	
STREET ADDRESS	3871 INDIAN TRAIL		23 STREET ADDRESS					
CITY-ST-ZIP	DESTIN FL		2 4 CITY - S					
TITLE	VP	DELETE	3 1 11114	- ZIF		- <del></del>	TChange	
NAME	Bergan, Dee	_	3.2 NAME			L	Change Addition	
STREET ADDRESS	3871 INDIAN TRAIL		33 STREET A	DDRESS				
CITY-ST-ZIP	DESTIN FL		3.4 CiTy-S1					
TITLE	Ţ	DELETE	4.1 TITLE		<b>40000177</b> -04/05/360100	OOF	Addition	
NAME	DEFOE, ROBERT		4 2 NAME		04/05/360100	15027	2	
STREET ADDRESS			4.3 STHEET A	DDRESS	***70.00		ĺ	
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST					
TITLE	SD BOCKION HUMAN T	DELETE	5 1 TITLE			<u>-</u>	Change Addition	
NAME	ROSDICK, JULIAN T		5 2 NAME		2.		2	
STREET ADDRESS	3871 INDIAN TRAIL		53STREET A	DORESS	74.4		74.4	
CITY - ST - ZIP	DESTIN FL		54 CHTY-ST-	ZIP			' '	
TITLE		DELETE	6 1 THILE				Cnange Addition	
NAME			6.2 NAME					
STREET ADDRESS			63STREET A	DORESS				
CITY-ST-ZIP			6.4 CITY - ST-	ZIP			İ	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNATO OFFICER OR DIRECTOR

3.28-96 (104) 54.0018