

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733216 (6)

1. Corporation Name

ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

940 HWY 98 EAST
P O BOX 246
DESTIN FL 32541

940 HWY 98 EAST
P O BOX 246
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1975
3a. Date of Last Report 02/01/1994

4. FBI Number 59-2607446
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, KENNETH
969 INDIAN TR
DESTIN FL 32541

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, WILLIAM	1.2 NAME	
STREET ADDRESS	879 BO BO BANKS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	GRANTVILLE GA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KENNETH	2.2 NAME	
STREET ADDRESS	969 INDIAN TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN, FL 32541	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ORRIC	3.2 NAME	
STREET ADDRESS	2702 BROOKFIELD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DENTON TX	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGGS, ALLAN	4.2 NAME	CURTIS, ANN P.
STREET ADDRESS	5813 53 AVE NO	4.3 STREET ADDRESS	940 HWY 98E, UNIT 33
CITY - ST - ZIP	BIRMINGHAM AL	4.4 CITY - ST - ZIP	DESTIN, FL 32541
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, GEORGE	5.2 NAME	
STREET ADDRESS	301 PORT ROYAL WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORDICK, H. L. SR.	6.2 NAME	FORSDICK, H. L., SR.
STREET ADDRESS	1213 PARK PLACE CENTER, STE. 200	6.3 STREET ADDRESS	889 RIDGE LAKE BLVD., SUITE 100
CITY - ST - ZIP	MEMPHIS TN	6.4 CITY - ST - ZIP	MEMPHIS, TN 38120

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH TAYLOR, DIRECTOR

5/8/95 904-837-4814
Date (Type in Pencil)