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

733216

(6)

ASSOCIATION OF SOUTHBA'NC.	Y BY	THE GU	LF	CONDOMINIUM
----------------------------	------	--------	----	-------------

Principal Place of Business Mailing Address			I ORDANI CARDON ATORE ATORE HATOR CHARGO					
940 HWY 98	EAST	940 HWY 98 EAST						
P O BOX 24		P O BOX 246						
DESTIN FL 3	32541	DESTIN FL 32541			Date Incorporated or Qualified	3a. Date of I	ast Benort	
					07/03/1975		6/1995	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEt Number	1	Applied For	
21		26			59-2607446	T T	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	.75 Additional	
22		27			a. Certificate of Status Desireo		ee Required	
City & State		City & State	<del></del>		6. Election Campaign Financing \$5.00 May Be			
<b>Z</b> ID	Country	28	T 0		Trust Fund Contribution	A	dded to Fees	
24	25	Zip	Countr	У	8. This corporation has liability for in		er s. 199.032,	
24	9. Name and Address of Curren	29 t Registered Agent	30		Fiorida Statutes  10. Name and Address of New Re	Yes ☐ No		
	5. Hamo dila Addicas of Collett	t riegistered Agent	BI	Name		diatelen Waur		
TAVLOD	VENNETH				TAYLOR, KENNETH		•	
	R, KENNETH		82	Street A	ddress (P.O. Box Number is Not Acceptable	)		
969 IND	FL 32541		83		3989 INDIAN TRAIL			
DESTIN	FL 32341			1				
	1		84	City	DESTIN	FL 85	Zip Code 32541	
11. Pursuant t	to the provisions of Sections 617 0502	and 617 + 508 Florida Statute	s the above.	named cor	position submite this statement for the sum		32341	
or register	ed agent, or both, in the State of Floric	la. Such change was authorize	d by the corp	coration's t	poration submits this statement for the purp locard of directors. I hereby accept the appoi	ntment as registe	ered agent. I am	
W	Author M	on 67 .0303, Florida Statutes.						
SIGNATURE	KENNETH-TAYLOR	ANT A SHORD FOT DEM	Diedistered Ace	nt signature rec	Tuited when reinstalion)	DATE		
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	D (	DELETE	1.1 TITLE			☐ Char	ge Addition	
NAME	WYNN, WILLIAM		1.2 NAME	- 1			_	
STREET ADDRESS	679 BO BO BANKS RD		1.3 STREE	T ADDRESS				
CITY-ST-ZiP	GRANTVILLE GA		1.4 City-	ST-ZIP				
TITLE	D	DELETE	21 TITLE		VICE PRESIDENT	Char	ge 🔲 Addition	
NAME	Taylor, Kenneth		2.2 NAME	İ	TAYLOR, KENNETH			
STREET ADDRESS	969 Indian trail		2 3 STREE	T ADDRESS	3989 INDIAN TRAIL			
CITY - ST - ZIP	DESTIN, FL 32541		2. 4 CITY-	ST-ZIP	DESTIN, FL 32541	<u>[</u>		
TITLE	TD	DELETE	3.1 TITLE	ŀ		☐ Chan	ge 🔲 Addition	
NAME	FREEMAN, ORRIC		3.2 NAME					
STREET ADDRESS	2702 BROOKFIELD		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	DENTON TX		3.4. CITY-	ST-2IP				
THLE	SD	DELETE	4.1 TITLE			☐ Chan	ge Addition	
NAME	CURTIS, ANN P		4. 2 NAME	1				
STREET ADDRESS	940 HWY 980 E , UNIT 33		4.3 STREE	T ADDRESS				
C/TY-ST-ZIP	DESTIN FL	N7nn me	4.4 CITY-1	ST-ZIP			<b>19</b> 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TiTLE	D DALMED OFORCE	DELETÉ	51 TITLE		DIRECTOR	☐ Chan	ge 🔥 Addition	
NAME Ozossy addoced	PALMER, GEORGE		52 NAME	1	FRICK, ROY	_		
STREET ADDRESS	301 PORT ROYAL WAY			T ADDRESS		90 OVERLAND TRAIL		
CITY-ST-ZIP	PENSACOLA FL	DELETE	5.4 CITY-5	ST - ZIP	KETTERING, OH 45	429		
TITLE	PD FORENCY HIER		61 TITLE			☐ Chan	ge 🔲 Addition	
NAME CIRCULADODICO	FORSDICK, H L SR	· ·	6.2 NAME					
STREET ADDRESS	889 RIDGE LAKE BLVD, SE 1	w	6.3 STREET					
CITY - ST - ZIP	MEMPHIS TN		6.4 CITY - S	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 reserver 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: KRANDY PER DR BRINGED HAME OF SIGNING OFFICER OR DIRECTOR
KENNETH AND TO PER ST. DENTE