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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 733216 (6)

1. Corporation Name
ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM, INC.



Principal Place of Business Mailing Address
940 HWY 98 EAST 940 HWY 98 EAST
P O BOX 246 P O BOX 246
DESTIN FL 32541 DESTIN FL 32541-2806

3. Date Incorporated or Qualified 07/03/1975
3a. Date of Last Report 03/04/1996

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 28 Zip Country

24 25 29 30

4. FEI Number 59-2607446
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

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
3989 INDIAN TRAIL
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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME WYNN, WILLIAM
STREET ADDRESS 679 BO BO BANKS RD
CITY-ST-ZIP GRANTVILLE GA
TITLE V DELETE
NAME TAYLOR, KENNETH
STREET ADDRESS 3989 INDIAN TRAIL
CITY-ST-ZIP DESTIN, FL 32541
TITLE TD DELETE
NAME FREEMAN, ORRIC
STREET ADDRESS 2702 BROOKFIELD
CITY-ST-ZIP DENTON TX
TITLE SD DELETE
NAME CURTIS, ANN P
STREET ADDRESS 940 HWY 980 E, UNIT 33
CITY-ST-ZIP DESTIN FL
TITLE D DELETE
NAME FRICK, ROY
STREET ADDRESS 4390 OVERLAND TRAIL
CITY-ST-ZIP KETTERING OH
TITLE PD DELETE
NAME FORSDICK, H L SR
STREET ADDRESS 889 RIDGE LAKE BLVD, SE 100
CITY-ST-ZIP MEMPHIS TN

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

Date Jan. 28, 1997

CR2E037 (9/96)