

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 940 HWY 98 EAST P O BOX 246 DESTIN FL 32541	Mailing Address 940 HWY 98 EAST P O BOX 246 DESTIN FL 32541
---	---

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

3. Date Incorporated or Qualified 07/03/1975
4. FEI Number 59-2607446
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TAYLOR, KENNETH
3989 INDIAN TRAIL
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name Ann P. Curtis
82 Street Address (P.O. Box Number Is Not Acceptable) 940 Hwy 98 E, Unit 33
83
84 City Destin
85 Zip Code FL 32541

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 *Ann P. Curtis* **Ann P. Curtis, Secretary** **2/25/98**

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	NAME WYNN, WILLIAM	1.1 TITLE D	1.2 NAME OTHS, JOSEPH A.
STREET ADDRESS 679 BO BO BANKS RD	CITY-ST-ZIP GRANTVILLE GA	1.3 STREET ADDRESS 105 E. SOUTH STREET	1.4 CITY-ST-ZIP JACKSON, OH 45640
TITLE V	NAME TAYLOR, KENNETH	2.1 TITLE V/D	2.2 NAME NEWPORT, GEORGE
STREET ADDRESS 3989 INDIAN TRAIL	CITY-ST-ZIP DESTIN, FL 32541	2.3 STREET ADDRESS P.O. BOX 624, N/A	2.4 CITY-ST-ZIP ATHENS, TN 37303
TITLE TD	NAME FREEMAN, ORRIC	3.1 TITLE	3.2 NAME
STREET ADDRESS 2702 BROOKFIELD	CITY-ST-ZIP DENTON TX	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE SD	NAME CURTIS, ANN P	4.1 TITLE	4.2 NAME
STREET ADDRESS 940 HWY 980 E, UNIT 33	CITY-ST-ZIP DESTIN FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME FRICK, ROY	5.1 TITLE	5.2 NAME
STREET ADDRESS 4390 OVERLAND TRAIL	CITY-ST-ZIP KETTERING OH	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE PD	NAME FORSYCK, H L SR	6.1 TITLE	6.2 NAME
STREET ADDRESS 889 RIDGE LAKE BLVD, SE 100	CITY-ST-ZIP MEMPHIS TN	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME WYNN, WILLIAM	1.1 TITLE D	1.2 NAME OTHS, JOSEPH A.
STREET ADDRESS 679 BO BO BANKS RD	CITY-ST-ZIP GRANTVILLE GA	1.3 STREET ADDRESS 105 E. SOUTH STREET	1.4 CITY-ST-ZIP JACKSON, OH 45640
TITLE V	NAME TAYLOR, KENNETH	2.1 TITLE V/D	2.2 NAME NEWPORT, GEORGE
STREET ADDRESS 3989 INDIAN TRAIL	CITY-ST-ZIP DESTIN, FL 32541	2.3 STREET ADDRESS P.O. BOX 624, N/A	2.4 CITY-ST-ZIP ATHENS, TN 37303
TITLE TD	NAME FREEMAN, ORRIC	3.1 TITLE	3.2 NAME
STREET ADDRESS 2702 BROOKFIELD	CITY-ST-ZIP DENTON TX	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE SD	NAME CURTIS, ANN P	4.1 TITLE	4.2 NAME
STREET ADDRESS 940 HWY 980 E, UNIT 33	CITY-ST-ZIP DESTIN FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME FRICK, ROY	5.1 TITLE	5.2 NAME
STREET ADDRESS 4390 OVERLAND TRAIL	CITY-ST-ZIP KETTERING OH	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE PD	NAME FORSYCK, H L SR	6.1 TITLE	6.2 NAME
STREET ADDRESS 889 RIDGE LAKE BLVD, SE 100	CITY-ST-ZIP MEMPHIS TN	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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: *Ann P. Curtis* **Ann P. Curtis, Secretary** **2/25/98** **850-654-7909**

CR2E037 (10/97)