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May 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733216

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/03/1975
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2607446
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CURTIS, ANN P 940 HWY 98 E UNIT 33 DESTIN FL 33541		81. Name Gene Doss	85. Zip Code 32540
		82. Street Address (P.O. Box Number is Not Acceptable) 940 HWY 98 E, Unit 130	
		83. P.O. BOX 1882	
		84. City DESTIN	

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]* DATE **4/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OTHS, JOSEPH A		1.2 NAME OTHS, JOSEPH A	
STREET ADDRESS 105 E SOUTH ST		1.3 STREET ADDRESS 105 E. SOUTH STREET	
CITY-ST-ZIP JACKSON OH 45640		1.4 CITY-ST-ZIP JACKSON, OH 45640	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWPORT, GEORGE		2.2 NAME NEWPORT, GEORGE	
STREET ADDRESS P.O. BOX 624 N/A		2.3 STREET ADDRESS P.O. BOX 624	
CITY-ST-ZIP ATHENS TN 37303		2.4 CITY-ST-ZIP ATHENS, TN 37303	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FREEMAN, ORRIC		3.2 NAME GENE DOSS	
STREET ADDRESS 2702 BROOKFIELD		3.3 STREET ADDRESS 940 HWY 98 E, Unit 130	
CITY-ST-ZIP DENTON TX		3.4 CITY-ST-ZIP DESTIN, FL 32541	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CURTIS, ANN P		4.2 NAME DOUG BIDWELL	
STREET ADDRESS 940 HWY 980 E, UNIT 33		4.3 STREET ADDRESS 19680 BIRMINGHAM HWY	
CITY-ST-ZIP DESTIN FL		4.4 CITY-ST-ZIP ALPHARETTA, GA 30004	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRICK, ROY		5.2 NAME	
STREET ADDRESS 4390 OVERLAND TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP KETTERING OH		5.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FORSDICK, H L SR		6.2 NAME GEORGE BOWLING	
STREET ADDRESS 889 RIDGE LAKE BLVD, SE 100		6.3 STREET ADDRESS 940 HWY 98E, UNIT 43	
CITY-ST-ZIP MEMPHIS TN		6.4 CITY-ST-ZIP DESTIN, FL 32541	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: _____ DAYTIME PHONE #: 850-837-8984

CR2E037 (11/98)