

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 3-596

B-1885 C

DOCUMENT # 755921 (4)

1. Corporation Name

SANDESTIN OWNERS ASSOCIATION, INC.

Principal Place of Business

1096 OLD HIGHWAY 98  
SUITE C-102B  
DESTIN FL 32541  
US

Mailing Address

P.O. BOX 6417  
DESTIN FL 32541  
US



3. Date Incorporated or Qualified  
01/16/1981

3a. Date of Last Report  
02/08/1995

4. FEI Number  
59-2128993

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

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

9. Name and Address of Current Registered Agent

FEATHERSTON, GREG  
1096 OLD HIGHWAY 98  
SUITE C-102B  
DESTIN FL 32541

10. Name and Address of New Registered Agent

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 provisions of, Section 617.1502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-15-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME RISTER, JIM  
STREET ADDRESS 9300 HIGHWAY 98 WEST  
CITY-ST-ZIP DESTIN FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME ASKEW, VANCE  
STREET ADDRESS 9300 HIGHWAY 98 WEST  
CITY-ST-ZIP DESTIN, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE  
NAME PATTON, TOM  
STREET ADDRESS 9300 HIGHWAY 98 WEST  
CITY-ST-ZIP DESTIN, FL 00000

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME DVP  
3.3 STREET ADDRESS Liew, Alvin  
3.4 CITY-ST-ZIP 9300 Highway 98 West  
Destin, FL 32541

TITLE DS ☐ DELETE  
NAME ODEN, BARRY  
STREET ADDRESS 9300 HIGHWAY 98 WEST  
CITY-ST-ZIP DESTIN FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MCGEGEE, JAMES  
STREET ADDRESS 675 OAKLEAF OFFICE LANE, SUITE 102  
CITY-ST-ZIP MEMPHIS TN

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D  
5.3 STREET ADDRESS McGill, Jack  
5.4 CITY-ST-ZIP 501 Magnolia Drive  
Destin, FL 32541

TITLE D ☐ DELETE  
NAME BROWN, BILL  
STREET ADDRESS 5294 TIVOLI  
CITY-ST-ZIP DESTIN FL

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS Schutty, Martin  
6.4 CITY-ST-ZIP 3228 Bay Estates Drive  
Destin, FL 32541

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: X

Jim Rester

02/09/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)