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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755921** (4)

1. Corporation Name

SANDESTIN OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541
USP.O. BOX 6417
DESTIN FL 32541-6417
US3. Date Incorporated or Qualified
01/16/19813a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

X

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	DP	<input type="checkbox"/> DELETE
NAME	RESTER, JIM	
STREET ADDRESS	9300 HIGHWAY 98 WEST	
CITY - ST - ZIP	DESTIN FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ASKEW, VANCE	
STREET ADDRESS	9300 HIGHWAY 98 WEST	
CITY - ST - ZIP	DESTIN, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LIEW, ALVIN	
STREET ADDRESS	9300 HWY 98 WEST	
CITY - ST - ZIP	DESTIN FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ODEN, BARRY	
STREET ADDRESS	9300 HIGHWAY 98 WEST	
CITY - ST - ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGILL, JACK	
STREET ADDRESS	501 MAGNOLIA DRIVE	
CITY - ST - ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BILL	
STREET ADDRESS	5294 TIVOLI	
CITY - ST - ZIP	DESTIN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	SCHUTTY, MARTIN
6.4 CITY - ST - ZIP	3228 Bay Estates Destin FL 32541

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 in changed, or on an attachment with an address.

SIGNATURE: X  Jim Rester, President

2-28-99

CR2E037 (9/96)

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ADD:

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DOWDLE, WILLIAM
1167 Troon Drive
Destin FL 32541