


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **755921** (4)  
1. Corporation Name

**SANDESTIN OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541 US</b>	Mailing Address <b>P.O. BOX 6417 DESTIN FL 32541 US</b>
---	--

3. Date Incorporated or Qualified

**01/16/1981**

4. FEI Number

**59-2128993**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **1096 Old Hwy. 98**

**22** City & State

**27** **Ste C102B**

**23** Zip

Country

**28** City & State

Zip

Country

**24**

**25**

**29** **32541**

**30** **US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

**Bell, David W.**

**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 *David W. Bell* Association Manager

**DAVID W. BELL**

DATE **3/11/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>RESTER, JIM</b>	
STREET ADDRESS	<b>9300 HIGHWAY 98 WEST</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>ASKEW, VANCE</b>	
STREET ADDRESS	<b>9300 HIGHWAY 98 WEST</b>	
CITY-ST-ZIP	<b>DESTIN, FL 00000</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>LIEW, ALVIN</b>	
STREET ADDRESS	<b>9300 HWY 98 WEST</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>ODEN, BARRY</b>	
STREET ADDRESS	<b>9300 HIGHWAY 98 WEST</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCGILL, JACK</b>	
STREET ADDRESS	<b>501 MAGNOLIA DRIVE</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Davison, Gordon</b>
5.3 STREET ADDRESS	<b>1519 Island Green</b>
5.4 CITY-ST-ZIP	<b>Destin FL 32541</b>

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHUTTY, MARTIN</b>	
STREET ADDRESS	<b>3228 BAY ESTATES</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D France, Bill</b>
6.3 STREET ADDRESS	<b>167 Eagle DR.</b>
6.4 CITY-ST-ZIP	<b>Destin FL 32541</b>

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 *Barry Oden*

**3-2-98**

CR2E037 (10/97)

D. Dowdle, Bill      Addition  
1167 Troon Dr.  
Destin, FL 32541      . . .