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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755921

1. Corporation Name

SANDESTIN OWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

1096 OLD HWY 98  
ST SUITE C102B  
DESTIN FL 32541  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/16/1981 4. FEI Number 59-2128993 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

BELL, DAVID W  
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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
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	1.1 TITLE	DP
NAME	RESTER, JIM	1.2 NAME	MIKE STANGE
STREET ADDRESS	9300 HIGHWAY 98 WEST	1.3 STREET ADDRESS	9300 HWY 98 W
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	DT	2.1 TITLE	VD
NAME	ASKEW, VANCE	2.2 NAME	ROBERT BABCOCK
STREET ADDRESS	9300 HIGHWAY 98 WEST	2.3 STREET ADDRESS	9300 HWY 98 W
CITY-ST-ZIP	DESTIN, FL 00000	2.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	VPD	3.1 TITLE	D
NAME	LIEW, ALVIN	3.2 NAME	JOHN STARKS
STREET ADDRESS	9300 HWY 98 WEST	3.3 STREET ADDRESS	545 AUGUSTA DR
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	DS	4.1 TITLE	
NAME	ODEN, BARRY	4.2 NAME	
STREET ADDRESS	9300 HIGHWAY 98 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DAVISON, GORDON	5.2 NAME	
STREET ADDRESS	1519 ISLAND GREEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FRANCE, BILL	6.2 NAME	
STREET ADDRESS	1677 EAGLE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/99)