**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758846 (0)

1. Corporation Name

THE FAIRWAYS AT SANDESTIN HOMEOWNERS ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~4701 OLD HWY 98~~ 5160 Highway 98 East<br>~~STE C-102B~~ Palm Plaza, Suite 6<br>DESTIN FL 32541 Destin FL 32541<br>US | ~~PO BOX 6225~~ P.O. Box 6225<br>DESTIN FL 32541 Destin, FL 32541<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1981
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2133467 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 Walton County 5160 Highway 98 East | 26 P.O. Box 6225 |
| 22 Suite, Apt. #, etc. Palm Plaza | 27 Suite, Apt. #, etc. |
| 23 City & State Destin, FL | 28 City & State Destin FL |
| 24 Zip 32541 25 Country Walton | 29 Zip 32541 30 Country Walton |

**9. Name and Address of Current Registered Agent**

PRATT LINDA
4701 OLD HWY 98
STE C-102B
DESTIN FL 32541

**10. Name and Address of New Registered Agent**

81 Name: Ralph H. Gelder
82 Street Address (P.O. Box Number is Not Acceptable): 5160 Highway #98 East
83: Palm Plaza, Suite 6
84 City: Destin FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ralph H Gelder — Ralph H. Gelder — 3/29/95
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 | VD | 1.1 TITLE | Vice President | ☒ Change ☐ Addition |
| NAME | TAYLOR, ANNE | 1.2 NAME | | |
| STREET ADDRESS | 223 FAIRWAYS - SANDESTIN | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DESTIN FL | 1.4 CITY-ST-ZIP | | |
| TITLE | SDT | 2.1 TITLE | President | ☒ Change ☐ Addition |
| NAME | MORRISON, ROBERT | 2.2 NAME | R.A. Morrison | |
| STREET ADDRESS | 210 GREEN GORGE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SINGAL MOUNTAIN TN | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEE, DENNIS | 3.2 NAME | | |
| STREET ADDRESS | 351 N MENDENHALL | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MEMPHIS TN | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | EARLES, CHARLES | 4.2 NAME | John Rodd | |
| STREET ADDRESS | 282 FAIRWAYS SANDESTIN | 4.3 STREET ADDRESS | 287 Fairways | |
| CITY-ST-ZIP | DESTIN FL | 4.4 CITY-ST-ZIP | Destin FL 32541 | |
| TITLE | D | 5.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | DUMEILH, MILTON | 5.2 NAME | Edward Becker | |
| STREET ADDRESS | 5016 POISE DRIVE | 5.3 STREET ADDRESS | STRD 183, CS Box 55 | |
| CITY-ST-ZIP | METAIRIE LA | 5.4 CITY-ST-ZIP | Argyle FL 32422 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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)(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 added on an attachment with an address.

**SIGNATURE:** R.A. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081947