SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 OCT 27 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758846 (0)

1. Corporation Name
THE FAIRWAYS AT SANDESTIN HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
5160 HIGHWAY 98 EAST PALM PLAZA, STE 6 DESTIN FL 32541 US	P. O. BOX 6225 DESTIN FL 32541 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1981	3a. Date of Last Report: 01/24/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GELDER, RALPH H.
5160 HIGHWAY 98 EAST
PALM PLAZA, STE 6
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. [illegible] 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, t[illegible]above-named cor[illegible]ation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authc[illegible]d by the corr[illegible]on'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 [illegible]utes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register[illegible]ent [illegible]ure required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TI[illegible]	☐ Change ☐ Addition
NAME	TAYLOR, ANNE		1.2	400002333304--5
STREET ADDRESS	223 FAIRWAYS - SANDESTIN		[illegible]ET [illegible]ESS	-10/29/97--01128--012
CITY-ST-ZIP	DESTIN FL		[illegible]TY-S[illegible]	*****61.25 *****61.25
TITLE	P	☐ DELETE	[illegible] TITLE	☐ Change ☐ Addition
NAME	MORRISON, JR. R		2.2 NAME	
STREET ADDRESS	210 GREEN GORGE		2.3 STREET ADDR[illegible]	
CITY-ST-ZIP	SINGAL MOUNTAIN TN		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DE[illegible]	3.1 TITLE	☐ Change ☐ Addition
NAME	CARTY, WILLIAM		3.2 NAME	
STREET ADDRESS	7350 COTTON PLANT		3.3 STREET ADDRESS	
CITY-ST-ZIP	MMPHIS TN		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RODD, JOHN		4. 2 NAME	
STREET ADDRESS	287 FAIRWAYS		4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, EDWARD		5.2 NAME	
STREET ADDRESS	STRD 183, CS BOX 55		5.3 STREET ADDRESS	
CITY-ST-ZIP	ARGYLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (4/97)

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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Anne M. Taylor 10/22/97