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04-16-1999 90057 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **758846**

1. Corporation Name

THE FAIRWAYS AT SANDESTIN HOMEOWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
10221 HIGHWAY 98 W SUITE 23 DESTIN FL 32541 US	P. O. BOX 6225 DESTIN FL 32541 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/22/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2133467 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GELDER, RALPH H.
10221 HIGHWAY 98 W
SUITE 23
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
NAME	TAYLOR, ANNE		1.2 NAME	Pettus, Gail
STREET ADDRESS	223 AUDUBON DR		1.3 STREET ADDRESS	8134 Oldfield Road, Unit 8
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP	Huntsville, AL 35802
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DONWEN, BILL		2.2 NAME	
STREET ADDRESS	5715 PRESTON FAIRWAYS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75252		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COPE, SHIRLEY		3.2 NAME	
STREET ADDRESS	25 ROCK CREST DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	SIGNAL MOUNTAIN TN 37377		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIEVERT, SCHERRY		4.2 NAME	
STREET ADDRESS	93 STONINGTON CT		4.3 STREET ADDRESS	
CITY-ST-ZIP	LILBURN GA 30247		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	PD ☐ Change ☐ Addition
NAME	FITZ-HUGH, TUCKER		5.2 NAME	Fitz-Hugh, Tucker
STREET ADDRESS	210 BARONNE ST, S-1700		5.3 STREET ADDRESS	210 Baronne St., S-1700
CITY-ST-ZIP	NEW ORLEANS LA 70112		5.4 CITY-ST-ZIP	New Orleans, LA 70112
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 (11/98)

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 REQUIRED 4/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #