

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758846

FILED
Jan 25, 2005
Secretary of State

Entity Name: THE FAIRWAYS AT SANDESTIN HOMEOWNERS ASSOCIATIONINC.

Current Principal Place of Business:

10221 HIGHWAY 98 W
SUITE 23
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY, W
SUITE 23
DESTIN, FL 32550

New Mailing Address:

FEI Number: 59-2133467 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GELDER, JAY B
EMERALD COAST ASSOCIATION MGMT
10221 EMERALD COAST PARKWAY, W, STE. 23
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, SHIRLEY
Address: 8684 SOUTHWINDS DRIVE
City-St-Zip: MEMPHIS, TN 38125

Title: VP () Delete
Name: MORGAN, JIM
Address: PMB 431 10859 US HWY 98 W
City-St-Zip: SANDESTIN, FL 32550

Title: SD () Delete
Name: HATTAWAY, PAM
Address: 256 EAGLE DR.
City-St-Zip: SANDESTIN, FL 32550

Title: TD () Delete
Name: BERBERICH, BILL
Address: 1526 ISLAND GREEN DR.
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: FITZ-HUGH, TUCKER
Address: 210 BARONNE ST, S-1700
City-St-Zip: NEW ORLEANS, LA 70112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: POPE, TOMMY
Address: 901 E. 7TH ST.
City-St-Zip: ANNISTON, AL 36207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TUCKER FITZ-HUGH

PD

01/25/2005

Electronic Signature of Signing Officer or Director

Date