

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAR 13 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769536 (4)

1. Corporation Name

SANDESTIN BEACH HOTEL CONDOMINIUM OWNERS ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

C/O DOUG MARCOTTE
4000 SANDESTIN BLVD., S.
DESTIN FL 32541

C/O DOUG MARCOTTE
4000 SANDESTIN BLVD., S.
DESTIN FL 32541

3. Date Incorporated or Qualified
07/25/1983

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2516412

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHESSER, MIKE
1201 EGLIN PKWY.
SHALIMAR FL 32579

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ADAMS, CHARLES
STREET ADDRESS 104 LIVERPOOL STREET
CITY - ST - ZIP WILLIAMSBURG VA

TITLE ☐ DELETE

NAME O'NEAL, MIKE
STREET ADDRESS 2200 WOODHILL
CITY - ST - ZIP EDMOND OK

TITLE ☐ DELETE

NAME ~~DP~~ RICE, SAM
STREET ADDRESS RT. 7, BOX 502AA
CITY - ST - ZIP FLORENCE AL

TITLE ☐ DELETE

NAME ~~DP~~ MORRIS, WALTER
STREET ADDRESS 711 WALNUT ST.
CITY - ST - ZIP HELENA AR

TITLE ☐ DELETE

NAME MATTHEWS, J. D.
STREET ADDRESS 130 WEDGEFIELD LANE
CITY - ST - ZIP ATHENS GA

TITLE ☐ DELETE

NAME LOWE, BURTON
STREET ADDRESS 1219 ROXMERE ROAD
CITY - ST - ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

NAME Weber, Charles
13 STREET ADDRESS 14116 Lindrick Ct.
14 CITY - ST - ZIP Orlando, FL 32826

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

SCC 6-18-96 \$ Deposited

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Rice, President, Board of Directors

2/23/96 205-764-4385

Date

Daytime Phone #

CR2E037 (12/95)