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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

769536

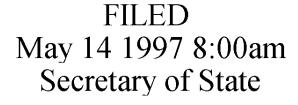
(4)

SANDESTIN BEACH HOTEL CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

0/0-DOUG MARGOTTE 4000 SANDESTIN BLVD.. S. DESTIN FL 32541 C/O-DOUG MARCOTTE 4000 SANDESTIN BLVD.. S. DESTIN EL 33641.4270





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DEATHLEL BACK			DESTIN FL 32541-4279								
DESTIN FL 32541	1		DESTIN FL 32341 WZ/8					3. Date Incorporated or Qualified 07/25/1983 3a. Date of Last Report 03/13/1996			
2. Principal Plac	ce of Busin	ess	2a. Maiju	ng Address				4. FEI Number		Ap	plied For
1 %	Rube	(1/		26 40 Robert Komm				59-2516412	No	Not Applicable	
Suite, Apt. #,				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additiona			Additional
2			27					5. Certificate of Status Desi-	eo 🗀	Fee Re	pquired
City & State			City &	City & State				6. Election Campaign Financing \$5.00 May Be			
3			28	28				Trust Fund Contribution Added to Fees			
ZID		Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
**						30		Florida Statutes Yes No			
	9. Name	and Address of Curren	t Registered	Agent		1		10. Name and Address of N	lew Registe	red Agent	
						81	Name				
CHESSER, MIKE					la la	82 Street Address (P.O. Box Number is Not Acceptable)					
1201 EGLIN PKWY. SHALIMAR FL 32579											
						B3					
							City		- 85 7in (■ 85 Zip Code	
					ľ		Oity			FL S	2000
11. Pursuant to	the provis	lons of Sections 617.050	2 and 617.150	08, Florida Stat	utes, the ab	ove-	named corp	oration submits this statement f	or the purpo	se of changing it	s registered
office or reg	gistered ag Memilier wi	ent, or both, in the State th, and accept the obliga	of Florida. Su ations of, Sect	ich change was tion 617.0503. I	s authorized Florida Statu	by t ites.	the corporati	ion's board of directors. I hereb	y accept the	appointment as	registered
_	, , ,	m, and accept the congr	unona on, oco		101100 01010						
SIGNATURE	ignature, typed	or printed name of registered age	ont and title if applic	ablo (N	OTE: Registered	Agent	t signature requir	ed when reinstating)		ATE.	
12.		OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS		
TITLE	D			DELETE	1.1 TITI	LE	1	/ P		☐ Change	Addition
NAME	ADAMS	, CHARLES			1.2 NA	ME	·	Amm, Robert HOW Sondestiv BI DESTIV, 74			
STREET ADORESS		ERPOOL STREET			1.3 STF	IEET A	NDDRESS 4	your Spridesting BI	VJ5		
CITY-ST-ZIP	WILLIAN	ASBURG VA		1.4 0			- ZIP	DESTIN 74 3	32541		
TITLE	D			DELETE	21 111	LE		, , , , , , , , , , , , , , , , , , , ,		☐ Change	Addition
NAME	O'NEAL	MIKE	•		2.2 NA	ME					
STREET ADDRESS		OODHILL	. •		2.3 STF	REETA	ADDRESS				
CITY-ST-ZIP	EDMON				2. 4 CI	IY-S1	I - ZIP				
TITLE	DP			DELETE	3.1 117					☐ Change	Addition
NAME	RICE, S	AM		• •	3.2 NA	ME					
STREET ADDRESS		30X 502AA			3.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	FLORE				3.4. CI	TY - ST	T- 21P				
TITLE	D	100.10		DELETE	4.1 TIT					Change	Additio
NAME	_	S, WALTER			4. 2 NA	ME					
STREET ADDRESS		LNUT ST.					ADDRESS				
CITY-ST-ZIP	HELEN				4.4 CiT		ľ				
TITLE	D	7 7 7 7		DELETE	5.1 TIT					☐ Change	Addition
NAME	_	EWS, J. D.			5.2 NA						
STREET ADDRESS		DGEFIELD LANE					ADDRESS				
	ATHEN				5.4 CIT		i				
CITY-ST-ZIP TITLE	D VILLEIN			DELETE	6.1 717		- 211			☐ Change	Additio
1	_	BURTON			6.2 NA					— ··•	
		OXMERE ROAD					ADDRESS				
NAME					■ 0.5 S	nct i A	NDOUE99				
STREET ADDRESS CITY+ST-ZIP	1219 K				6.4 CIT	۔۔ د	. 305				