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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769536					
1. Corporation Name SANDESTIN BEACH HOTEL CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ROBERT KAMM 4000 SANDESTIN BLVD., S. DESTIN FL 32541 US			Mailing Address C/O ROBERT KAMM 4000 SANDESTIN BLVD., S. DESTIN FL 32541 US		

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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 07/25/1983	
4. FEI Number 59-2516412		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution			
9. Name and Address of Current Registered Agent CHESSER, MIKE 1201 EGLIN PKWY. SHALIMAR FL 32579			10. Name and Address of New Registered Agent 81 Name <u>Bernada Lloyd</u> 82 Street Address (P.O. Box Number is Not Acceptable) 4000 Sandestin Blvd S 83 84 City <u>Destin</u> FL 85 Zip Code <u>32541</u>		

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 of 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 Bernada Lloyd Bernada Lloyd DATE _____
(Signature/typed or printed name of registered agent and size 9 appearance) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CHARLES	1.2 NAME	
STREET ADDRESS	104 LIVERPOOL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSBURG VA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, MIKE	2.2 NAME	
STREET ADDRESS	2200 WOODHILL	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDMOND OK	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMM, ROBERT	3.2 NAME	
STREET ADDRESS	4000 SANDESTIN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, WALTER	4.2 NAME	
STREET ADDRESS	711 WALNUT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HELENA AR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, J. D.	5.2 NAME	
STREET ADDRESS	130 WEDGEFIELD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATHENS GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, BURTON	6.2 NAME	
STREET ADDRESS	1219 ROXMORE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

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: Robert Kamm Robert Kamm 3/10/99 904-681-5181
(Signature/typed or printed name of signing officer or director) Date Daytime Phone #

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