FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H20917 (1)

1. Corporation Name
BAYVIEW OF DESTIN, INC.

Principal Place of Business	Mailing Address
C/O HOLIDAY ISLE PROPERTIES, INC. 904 HIGHWAY 98 EAST DESTIN FL 32541 US	C/O HOLIDAY ISLE PROPERTIES, INC. P BOX 5204 DESTIN FL 32540 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1984
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 439 Overstreet Dr
22 Suite, Apt. #, etc.
23 City & State: Destin, FL
24 Zip: 32541 25 Country: Okaloosa

2a. Mailing Address
26 P O Box 5204
27 Suite, Apt. #, etc.
28 City & State: Destin, FL
29 Zip: 32540 30 Country: Okaloosa

4. FEI Number: NOT APPLICABLE ☐ 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

LOGAN, GERRI
904 HWY 98 E
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Gerri Logan
82 Street Address (P.O. Box Number is Not Acceptable): 439 Overstreet Dr
83
84 City: Destin FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gerri Logan — 4-26-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	SEALE, JAMES	12 NAME	
STREET ADDRESS	223 DURANGO RD 5A	13 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	HEBERT, PHILIP	22 NAME	
STREET ADDRESS	223 DURANGO RD 4A	23 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	
TITLE	BM	31 TITLE	☐ Change ☐ Addition
NAME	HEBERT, MARK	32 NAME	
STREET ADDRESS	223 DURANGO RD 2A	33 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	BROWN LONNIE	42 NAME	
STREET ADDRESS	223 DURANGO RD SD	43 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	44 CITY-ST-ZIP	
TITLE	BM	51 TITLE	Board Member ☒ Change ☐ Addition
NAME	CALDWELL, JACK	52 NAME	Bill Hunter
STREET ADDRESS	400 DRUANGE RD. 4D	53 STREET ADDRESS	223 Durango Rd, #3A
CITY-ST-ZIP	DESTIN FL	54 CITY-ST-ZIP	Destin, FL 32541
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lonnie Brown — Lonnie Brown, Pres — 904-654-7866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470262 FP