

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M92829**

**(4)**

1. Corporation Name

**THE GOLF GARDEN OF DESTIN, INC.**

Principal Place of Business

Mailing Address

**40091 EMERALD COAST PKWY  
DESTIN FL 32541**

**40091 EMERALD COAST PKWY  
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**08/05/1988**

3a. Date of Last Report

**05/01/1994**

4. FBI Number

**59-2929292**

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**

7. This corporation has liability for intangible tax under S. 190.022,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEHLING, GEORGE W  
39 PARADISE PT RD  
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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | D                     |
| NAME            | REECE, DON            |
| STREET ADDRESS  | RT. 2                 |
| CITY - ST - ZIP | FREEPORT FL           |
| TITLE           | DP                    |
| NAME            | MEHLING, GEORGE W     |
| STREET ADDRESS  | 39 PARADISE PT RD     |
| CITY - ST - ZIP | SHALIMAR FL           |
| TITLE           | DVP                   |
| NAME            | WHITMIRE, WARREN T.   |
| STREET ADDRESS  | 3 LONGWOOD DRIVE      |
| CITY - ST - ZIP | SHALIMAR FL           |
| TITLE           | DT                    |
| NAME            | KALTZ, MARK           |
| STREET ADDRESS  | 303 JUNIPER ST        |
| CITY - ST - ZIP | DESTIN FL             |
| TITLE           | DS                    |
| NAME            | BEAR, FRED B          |
| STREET ADDRESS  | VILLA #704, SANDESTIN |
| CITY - ST - ZIP | DESTIN FL             |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

|                     |                       |                                                                              |
|---------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | NO LONGER ON BOD      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | REECE, DCN            |                                                                              |
| 1.3 STREET ADDRESS  | RT. 2                 |                                                                              |
| 1.4 CITY - ST - ZIP | FREEPORT, FL          |                                                                              |
| 2.1 TITLE           | DS                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | MEHLING, GEORGE W.    |                                                                              |
| 2.3 STREET ADDRESS  | 39 PARADISE PT RD.    |                                                                              |
| 2.4 CITY - ST - ZIP | SSHALIMAR, FL         |                                                                              |
| 3.1 TITLE           | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | FOWLER, SAM           |                                                                              |
| 3.3 STREET ADDRESS  | 63 COUNTRY CLUB DR    |                                                                              |
| 3.4 CITY - ST - ZIP | DESTIN, FL            |                                                                              |
| 4.1 TITLE           | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | NALTY, FRANK          |                                                                              |
| 4.3 STREET ADDRESS  | BOX 1266 N/A          |                                                                              |
| 4.4 CITY - ST - ZIP | BREWTON, AL           |                                                                              |
| 5.1 TITLE           | NO LONGER ON BOD      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | BEAR, FRED B.         |                                                                              |
| 5.3 STREET ADDRESS  | VILLA #704, SANDESTIN |                                                                              |
| 5.4 CITY - ST - ZIP | DESTIN, FL            |                                                                              |
| 6.1 TITLE           | DP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | KELLER, W. ROBERT     |                                                                              |
| 6.3 STREET ADDRESS  | 1459 OAKMONT PL       |                                                                              |
| 6.4 CITY - ST - ZIP | NICEVILLE, FL         |                                                                              |

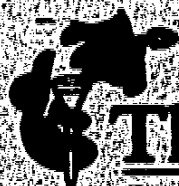
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*W Robert Keller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

654-7880



# The Garden

Executive Golf & Practice Club • 40091 Emerald Coast Pkwy. • Destin, Florida 32541

M92829

## OFFICERS AND DIRECTORS

as of

April 29, 1995

DP

KELLER, W. ROBERT  
1459 Oakmont Pl.  
Niceville, FL 32578

DV

WHITMIRE, WARREN T.  
3 Longwood Dr.  
Shalimar, FL 32579

DS

MEHLING, GEORGE W.  
39 Paradise Pt. Rd.  
Shalimar, FL 32579

DT

KALTZ, MARK  
949 Bambi Dr.  
Destin, FL 32541

D

FOWLER, SAM  
63 Country Club Dr.  
Destin, FL 32541

D

NALTY, FRANK  
Box 1266 N/A  
Brewton, AL 36427

D

WEST, DWIGHT  
320 E. Hwy 98 W.  
Destin, FL 32541