## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

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

**FILED** May 02 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 08/05/1988	3a. Date o		Report
	lace of Business	2a. Mailing Address				4. FEI Number		F	Applied For
	8 US Hwy 98 W	26 12958 US	Hwy	98 W	<i>'</i>	59-2929292		<u> </u>	lot Applicable
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$		Additional
22 Dest	in, F1 32541	27 Destin, F	L 32	541		C. Caraneate of ciaras positos		Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing			May Be
23		28	<del></del>			Trust Fund Contribution		Addec	to Fees
Zip	Country	Zip	Сри	ntry		8. This corporation has liability for i	_ ~ .—		s. 199.032,
24	25	29	30				Yes \ \		
	9. Name and Address of Curren IUNG, GEORGE W	t Hegistered Agent		04  11-		10. Name and Address of New Re	gistered Age	<u>nt</u>	
		81 Name							
39 PARADISE PT RD				82 Street Address (P.O. Box Number is Not Acceptable)					
SHA	LIMAR FL 32579		İ						
				83					
				<b>84</b> Cit	у		le	<b>5</b> Zip	Code
							<u> </u>		
office of r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered ages	ations of, Section 607.0505, F	Iorida Stat	utos		oration submits this statement for the p on's board of directors. I hereby accep		ment a	s registered
12.	Signature, typod or printed name of registered age:  OFFICERS AND		TE: Heg stered	Agent sigr	ature require	ADDITIONS/CHANGES TO OFFIC	DATE	DECTO	IDD IN 10
TITLE	DS OFFICERS AND	DELETE	1110	· · · · · · · · · · · · · · · · · · ·				Change	
NAME	MEHLING, GEORGE W	Lad Office	12 N/		D			Onlange	* Houring
STREET ADDRESS	39 PARADISE PT RD			REET ADDR		EAR, BOWMAN			
	SHALIMAR FL				"	026 BOXWOOD			
CITY-ST-ZIP TITLE	DVP	☐ DELETE	2.1 10	Y-ST-ZIP	-M	ONTGOMERY, AL		Change	Addition
NAME	WHITMIRE, WARREN T.	المالم المال	2.2 NA					onange	L_1 Addition
	3 LONGWOOD DRIVE		1						
STREET ADDRESS	SHALIMAR FL	4		REE1 ADDR	i i	ž.			
CITY-ST-ZIP TITLE	DT	DELETE	2. 4 C 3.1 III	TY-ST-ZIP				Change	Addition
NAME	KALTZ, MARK	La Vetteri						онапус	L_J AUGIIIO
	303 JUNIPER ST		32 N/						
STREET ADDRESS	DESTIN FL			REET ADDR					
CITY-ST-ZIP TITLE	DP DESIGN FL	☐ DELETE	3.4. C	TY - ST - ZIP				Change	Addition
	KELLER, W. ROBERT						ب	Urange	L_J Addition
NAME	1459 OAKMONT PL		4. 2 N						
STREET ADDRESS	NICEVILLE FL			REE1 ADOR	:58				
CITY-ST-ZIP	D MICEVILLE FL	DELETE		IY-ST-ZIP				Change	Addition
	FOWLER, SAM	∟ villit	5.1 TI		1		ப	ынапде	L_I AUGINOR
NAME	63 COUNTRYCLUB DR		5.2 N/						
STREET ADDRESS	DESTIN FL		1	REET ADDR	:SS {				
CITY-ST-ZIP	DESIGN FL	FIBRIES		IY-ST-ZIP				04	1 1 1 1 1 1 1 1 1
TITLE	NALTY FRANK IN	☐ DELETE	61 N				LJ	Change	Addition
NAME	NALTY, FRANK JR.		6.2 NA		-				
STREET ADDRESS	BOX 1266		6.3 \$1	ree1 addr	:ss				
CITY-ST-7IP	BREWTON AL		640	IY. ST. 7(P	- 1				

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

(1318) Whish Callennin