

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N01842 (6)
1. Corporation Name
DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1130 HWY 90 EAST
DESTIN FL 32541**

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DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1984

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2458838

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKE, LES W.
303 MAGNOLIA AVENUE
PANAMA CITY FL**

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 title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BROSS, HAROLD**
STREET ADDRESS **37 ROSEDOWN**
CITY - ST - ZIP **DESTREHAN LA**

1.1 TITLE **Treasurer/Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **Destrehan LA 70047**

TITLE **SD**
NAME **GANGWISH II, RICHARD J**
STREET ADDRESS **3307 DIXIE HIGHWAY**
CITY - ST - ZIP **ERLANGER KY 32**

2.1 TITLE **Secretary/Director** ☒ Change ☐ Addition
2.2 NAME **O.K. Earp, Jr.**
2.3 STREET ADDRESS **959 Ridgeway Loop Rd., Suite 101**
2.4 CITY - ST - ZIP **Memphis TN 38120**

TITLE **SD**
NAME **GANGWISH, RICHARD J II**
STREET ADDRESS **3307 DIXIE HWY**
CITY - ST - ZIP **ERLANGER KY**

3.1 TITLE **Director** ☒ Change ☐ Addition
3.2 NAME **Maurice Williams**
3.3 STREET ADDRESS **3213 Continental Drive**
3.4 CITY - ST - ZIP **Missouri City TX 77459**

TITLE **D**
NAME **BAITER, JOHN R**
STREET ADDRESS **1180 KINGSTON DR NE**
CITY - ST - ZIP **ATLANTA GA**

4.1 TITLE **President/Director** ☒ Change ☐ Addition
4.2 NAME **John R. Baiter**
4.3 STREET ADDRESS **Post Crossing/#120 Ashford Pkwy. NE**
4.4 CITY - ST - ZIP **Atlanta GA 30338**

TITLE **VD**
NAME **SANDEL, LAWRENCE**
STREET ADDRESS **385 MEADOWLAKES DR**
CITY - ST - ZIP **MARBLE FALLS TX**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **250 Braeburn Circle**
5.4 CITY - ST - ZIP **Marble Falls TX 78654**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence Sandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Sandel

3-31-95

Date

210-693-6006

Daytime Phone #