

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N01842** (6)

1. Corporation Name

DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1150 HWY 98 EAST
DESTIN FL 32541**

**1150 HWY 98 EAST
DESTIN FL 32541**

3. Date Incorporated or Qualified
03/08/1984

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **1150 Scenic Hwy. 98**

26 **1150 Scenic Hwy. 98**

4. FEI Number
59-2458838

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 **Destin FL**

28 **Destin FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **32541**

Country

US

29 **32541**

Country

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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
Rebecca L. Sanders
82 Street Address (P.O. Box Number is Not Acceptable)
1150 Scenic Hwy. 98
83
84 City
Destin

85 Zip Code
FL 32541

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 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 617.0503, Florida Statutes.

SIGNATURE

Rebecca L. Sanders

(NOTE: Registered Agent signature required when reinstating)

Asst Secretary

4/23/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
EARP, O. K JR.
959 RIDGEWAY LOOP RD., SUITE 101
MEMPHIS TN**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, MAURICE
3213 CONTINENTAL DRIVE
MISSOURI CITY TX**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
**V/D
Joe Knight
933 Meadowlark Dr.
Bowling Green, KY 42103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BAITER, JOHN R
POST CROSSING/120 ASHFORD PARKWAY, NE
ATLANTA GA**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
**S/D
Rebecca L. Sanders
1150 Scenic Hwy. 98
Destin, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SANDEL, LAWRENCE
250 BRAEBURN CIRCLE
MARBLE FALLS TX**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

Rebecca L. Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary

Date

904-837-3985

Daytime Phone #

CR2E037 (12/95)