


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90054 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01842

1. Corporation Name

DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

1150 HWY 98 EAST
DESTIN FL 32541

Mailing Address

1150 HWY 98 EAST
DESTIN FL 32541



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/08/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2458838	
24 Country		29 Country		30	
25		28		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

BURKE, LES W
303 MAGNOLIA AVENUE
PANAMA CITY FL

10. Name and Address of New Registered Agent

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 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

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	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSS, HAROLD	1.2 NAME	
STREET ADDRESS	37 ROSEDOWN	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTREHAN LA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, BOB	2.2 NAME	
STREET ADDRESS	3443 DELL GLADE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38111	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, GERI	3.2 NAME	
STREET ADDRESS	1138 MAYNARD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46227	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDEL, LARRY	4.2 NAME	
STREET ADDRESS	250 BRAEBURN CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLE FALLS TX 78654	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Sandel 1-22-99

Date

Daytime Phone #

830-693-6006

CR2E037 (1/98)