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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N04766 (4)

1. Corporation Name

CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 5077
DESTIN FL 32540-6077

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DESTIN FL 32540-5077

3. Date Incorporated or Qualified
08/20/1984

3a. Date of Last Report
12/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

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9. Name and Address of Current Registered Agent

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

COFFIELD, COLLEEN P
COLLIER & COFFIELD
127 HIGHWAY 98 EAST., 3A
DESTIN 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

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	P	<input type="checkbox"/> DELETE
NAME	KOCHERA, SHARON	
STREET ADDRESS	4161 LOIRE DRIVE	
CITY-ST-ZIP	KENNER LA 70065	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHELDON, RICHARD DR.	
STREET ADDRESS	223 DURANGO ROAD., #5B	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLEMAN, SHARON	
STREET ADDRESS	223 DURANGO ROAD., #5B	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOCHERA, JOHN	
STREET ADDRESS	4161 LOIRE DRIVE	
CITY-ST-ZIP	KENNER LA 32541	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLSON, DWAYNE	
STREET ADDRESS	445 GULF SHORE DRIVE., #107	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: JOHN KOCHERA, TREASURER

2/18/97 (504) 469-4541

CR2E037 (9/96)