

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04766 (4)
1. Corporation Name
CANAL PLACE PHASE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business P.O. BOX 5077 DESTIN FL 32540-8077	Mailing Address P.O. BOX 5077 DESTIN FL 32540-8077
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3. Date Incorporated or Qualified
08/20/1984

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 445 GULF SHORE DRIVE	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 DESTIN FL	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 32541	Country 26 OKLAHOMA	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**COFFIELD, COLLEEN P
COLLIER & COFFIELD
127 HIGHWAY 98 EAST., 3A
DESTIN FL 32541**

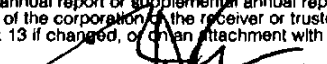
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1719 So. Country Way 393
83
84 City **SANTA ROSA BEACH FL** 85 Zip Code **32459**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KOCHERA, SHARON	1.2 NAME	
STREET ADDRESS	4161 LOIRE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNER LA 70085	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SHELDON, RICHARD DR.	2.2 NAME	
STREET ADDRESS	223 DURANGO ROAD., #5B	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD COLEMAN, SHARON	3.2 NAME	
STREET ADDRESS	223 DURANGO ROAD., #5B	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KOCHERA, JOHN	4.2 NAME	
STREET ADDRESS	4161 LOIRE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNER LA 32541	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CARLSON, DWAYNE	5.2 NAME	DIRECTOR
STREET ADDRESS	445 GULF SHORE DRIVE., #107	5.3 STREET ADDRESS	GRETCHEN KONIG, GRETCHEN
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	202 SIBERT DESTIN FL 32541
TITLE	<input type="checkbox"/> DELETE	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, 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 in an attachment with an address.

SIGNATURE:  **JOHN KOCHERA, TREASURER 4/10/98 (504) 464-5941**

CR2E037 (10/97)