

FILE NOW: FILING FEE IS \$61.25

**FILED**  
 May 21 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27757 (6)**  
 Corporation Name  
**SANDESTIN RESIDENTIAL OWNERS ASSOCIATION NO. 2, INC.**

Principal Place of Business 1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541 US	Mailing Address 1096 OLD HIGHWAY 98 SUITE C102B DESTIN FL 32541-7015 US
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3. Date Incorporated or Qualified <b>06/04/1988</b>	3a. Date of Last Report <b>03/14/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29

4. FEI Number <b>59-2908752</b>	Applied For Not Applicable
d. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Exhaustive Financing Total Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**PRATT, LINDA**  
 1096 OLD HIGHWAY 98  
 SUITE C-102B  
 DESTIN FL 32541

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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 re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	STD BROWN, PEGGY 8806 BAYPINE LANE DESTIN FL	1.1 TITLE	PD Brown, Margaret J.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD DICKSON, WILLIAM P 1 LEE ST. ALEXANDER CITY AL	2.1 TITLE	GERLANDER, BRUCE
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	9300 Hwy 98 W
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Destin FL 32541
TITLE	STD ASKEW, VANCE 5500 HWY. 98 EAST DESTIN FL	3.1 TITLE	D FRANCE, MARILYN
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	167 Eagle Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Destin FL 32541
TITLE	D POPE, BILL C/O DIAMOND CRAFT, 5160 HWY 98 E DESTIN FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Margaret J. Brown 3/21/97  
 SIGNATURE REQUIRED  
 MARJARET J. BROWN, PRESIDENT  
 Date \_\_\_\_\_ Daytime Phone # 0073701