

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N27757** (6)

1. Corporation Name
SANDESTIN RESIDENTIAL OWNERS ASSOCIATION NO. 2, INC.



Principal Place of Business	Mailing Address
1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541 US	1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541 US

3. Date Incorporated or Qualified	08/04/1988
4. FEI Number	59-2908752
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1096 Old Hwy 98
22 City & State	27 Suite C-102B
23 Zip	28 Destin FL
24 Country	29 32541
	30 US

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<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	Bell, David W
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: *David W Bell* **DAVID W BELL** 3-16-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MARGARET J	
STREET ADDRESS	8866 BAYPINE LANE	
CITY-ST-ZIP	DESTIN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GERLANDER, BRUCE	
STREET ADDRESS	9300 HWY 98 W	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ASKEW, VANCE	
STREET ADDRESS	5500 HWY. 98 EAST	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANCE, MARILYN	
STREET ADDRESS	167 EAGLE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD Marilyn France	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	167 Eagle Dr.	
1.3 STREET ADDRESS	Destin, FL 32541	
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	D Mary Lib Guercio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	8874 Baypine Dr.	
4.3 STREET ADDRESS	Destin, FL 32541	
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 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: *Vance F. Aske* **VANCE F ASKEW** 2-3-98

CR2E037 (10/97)