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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90122 013 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27757**

1. 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 HWY 98 SUITE C-102B DESTIN FL 32541 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/04/1988	4. FEI Number 59-2908752	Applied For Not Applicable
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		

9. Name and Address of Current Registered Agent

**BELL, DAVID W**  
 1096 OLD HIGHWAY 98  
 SUITE C-102B  
 DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name <b>CATHY J LEE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1096 OLD HWY 98</b>
83 <b>STE C-102B</b>
84 City <b>DESTIN</b>
85 Zip Code <b>FL 32541</b>

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 *Cathy J. Lee, Association Manager* (CATHY J. LEE) 4-5-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANCE, MARILYN	
STREET ADDRESS	167 EAGLE DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VP	<input checked="" 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	GUERCIO, MARY LIB	
STREET ADDRESS	8874 BAYPINE DR	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROB BABCOCK	
2.3 STREET ADDRESS	9300 HWY 98 W	
2.4 CITY-ST-ZIP	DESTIN FL 32541	
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 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: *Richard W. Harris, President* 4/14/99 (850) 267-8249  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

0076961

CR2E037 (11/98)