


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33785 (9)**

1. Corporation Name  
**HOLIDAY SHORES ESTATES ASSOCIATION, INC.**

Principal Place of Business <b>% JOHN J. MAGEE 1095 FOREST DRIVE DESTIN FL 32541</b>	Mailing Address <b>% JOHN J. MAGEE 1095 FOREST DRIVE DESTIN FL 32541</b>
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3. Date Incorporated or Qualified  
**08/16/1989**

4. FEI Number  
**59-2987123**

Applied For ☐ Not Applicable ☐

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

**MAGEE, JOHN J.  
1095 FOREST DRIVE  
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name **MAGEE John J.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1129 Forest Drive Dr**

83

84 City **Destin** FL 85 Zip Code **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]* (NOTE: Registered Agent signature required when reinstating) DATE **3-4-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MAGEE, JOHN</b>	<i>Change Address</i>
STREET ADDRESS	<b>1095 FOREST DRIVE</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, ROBERT</b>	
STREET ADDRESS	<b>614 SHORE DR</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>RALPH, ANGEL</b>	
STREET ADDRESS	<b>702 SHORE DR</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
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	<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 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: *[Signature]* DATE: **3-4-98** 130 157 820

CR2E037 (10/97)