FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT** #

(8)

ELACOAL D. CHODEC HOLACOWNEDIC ACCOCIATION OF COLITH

FILED Apr 06 1998 8:00am Secretary of State

WALTON, INC.) 2
Principal Place of Business		Mailing Address		{ 1 10 11 12 13 14 15 16 16 16 16 16 16 16	1811 (1811 81814 81814 81811 (1811 1881
394 EMERALD DESTIN FL 325 US	SHORES BLVD 541	394 EMERALD SHORES BLVD DESTIN FL 32541 US		3. Date Incorporated or Qualified 09/13/1991 4. FEI Number	Applied For
2. Principal P	lace of Business Old Highway 98	2a. Mailing Address 2974 Old Hig	ghway 98	59-3136330 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
Suite, Apt.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
City & State City & State City & State 28 Destin, FL 32541 28 Destin, FL		32541	7. Is this nonprofit corporation a home	owners association?	
Zip 24 3254	Country 1 25 USA	zip 29 32541 30	Country USA	This corporation owes or has paid the Personal Property Tax due June 30.	ΛΩ Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered Agent
81 N				gers, Robert W	
ROGERS, ROBERT W 394 EMERALD SHORES BLVD				94(P.O. Box Number is Not Acceptable)	
DESTIN FL 32541			 	stin, FL 32541	
			84 City De	stin	FL 85 292941
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, typed or printed films of registered spent and title If applicable (NOTE: Registered Agent eignature required when reinstating) DATE OATE					
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	VPD	DELETE	1.1 TITLE	7.00110101010101010101010110110	Change Addition
NAME	DIXON, JOSEPH		1.2 NAME		
STREET ADDRESS	694 HOLLEY ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN]	1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	FIELDS, FRED		2.2 NAME		
STREET ADDRESS	5286 N FRONTAGE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS MS		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		Change Addition
HAME	LAMBERT, WILLIAM		3.2 NAME		
STREET ADDRESS	2410 SCENIC DR		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	GADSEN AL. TD	☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	PEADEN, LINDA		4.2 NAME		C) Change C Addition
STREET ADDRESS	8 AQUAMARINE COVE	1	4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	SPERANZA, BERNARD E		5.2 NAME		
STREET ADDRESS	9216 WHITE OAK AVE		5.3 STREET ADDRESS		j
CITY-ST-ZIP	MUNSTER IN		5.4 CITY - ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		Change Addition
NAME	FIELDS, MIMI		6.2 NAME		
STREET ADDRESS	5286 FRONTAGE RD	ŀ	6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS MS		6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), Florida Statutes. I furt	her certify that the information