


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Randy B. Northam Secretary DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **N50544** (8)
1. Corporation Name
DESTIN RENAISSANCE PHASE I OWNERS ASSOCIATION, I NC.

Principal Place of Business 220 HIGHWAY 98 EAST DESTIN FL 32541	Mailing Address 220 HIGHWAY 98 EAST DESTIN FL 32541-2375
---	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/24/1992		3a. Date of Last Report 03/12/1996	
				4. FEI Number APPLIED FOR 57-336357		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	
				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 JANICE ANN SAMON 54 TERRACOTTA TERRACE DESTIN FL 32540				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			
--	--	--	--	--	--	--	--

11. Pursuant to the provisions of Sections 17.0502 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 617.1503, Florida Statutes.

SIGNATURE *[Signature]* DATE **5/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	SALMON, JANICE A	54 TERRA COTTA TERRACE	DESTIN FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT	KEVIN R. ZABEL	238 HWY. 98 EAST
	VP	RICHARDS, KATHE	220 HIGHWAY 98 EAST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER	BETTY J. ZABEL	238 HWY. 98 EAST
	SALMON, HAROLD	54 TERRA COTTA TERRACE	DESTIN FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VICE PRESIDENT	"D"	DESTIN FL 32541
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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.

CR2E037 (9/96)