


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # 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			
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 4. FEI Number 59-3366368 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			
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 JANICE ANN SAMON 54 TERRACOTTA TERRACE DESTIN FL 32540			10. Name and Address of New Registered Agent 81 Name KENNETH R. ZABEL 82 Street Address (P.O. Box Number is Not Acceptable) 238 HWY 98 EAST 83 City DESTIN FL 85 Zip Code 32541		
11. Pursuant to the provisions of Sections 617.002 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 617.003, Florida Statutes. SIGNATURE <i>[Signature]</i> KENNETH R. ZABEL DATE 2/5/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	NAME	SALMON, JANICE A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	54 TERRA COTTA TERRACE	1.2 NAME		1.2 NAME	
CITY-ST-ZIP	DESTIN FL 32541	1.3 STREET ADDRESS		1.3 STREET ADDRESS	
TITLE	PD	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
NAME	ZABEZ, KENNETH	2.1 TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	238 HWY. 98 EAST	2.2 NAME		2.2 NAME	
CITY-ST-ZIP	DESTIN FL	2.3 STREET ADDRESS		2.3 STREET ADDRESS	
TITLE	VPD	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
NAME	SALMON, HAROLD	3.1 TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	54 TERRA COTTA TERRACE	3.2 NAME		3.2 NAME	
CITY-ST-ZIP	DESTIN FL	3.3 STREET ADDRESS		3.3 STREET ADDRESS	
TITLE	TD	3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
NAME	ZABEL, BETTY J.	4.1 TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	238 HWY 98 EAST	4.2 NAME		4.2 NAME	
CITY-ST-ZIP	DESTIN FL	4.3 STREET ADDRESS		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
NAME					
STREET ADDRESS					
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: <i>[Signature]</i> KENNETH R. ZABEL 2/5/98 850 837 2619					

CR2E037 (10/97)