

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003446 (2)

1. Corporation Name

SANDESTIN CLUB DRIVE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4701 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541
US

4701 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3203703

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1096 Old Highway 98
Suite, Apt. #, etc.

26 1096 Old Highway 98
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATT, LINDA A
4701 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1096 Old Highway 98

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE -VD-
NAME BROWN, SHELBY
STREET ADDRESS 3016 BAY VILLAS
CITY-ST-ZIP DESTIN FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
JOHANNES, JAMES
5814 JONES VALLEY
HUNTSVILLE AL 35802
☒ Change ☐ Addition

TITLE VD
NAME STD
STREET ADDRESS 5500 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
HUTCHINSON, SUSAN
3005 BAY VILLAS
DESTIN FL 32541
☒ Change ☐ Addition

TITLE PD
NAME PATTON, THOMAS S
STREET ADDRESS 5500 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

9300 Highway 98 West
☒ Change ☐ Addition

TITLE D
NAME NIEHAUS, CONNIE
STREET ADDRESS 3224 BAY ESTATES
CITY-ST-ZIP DESTIN FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

DELETE
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

S/T/D
ASKER, VANCE
9300 Highway 98 West
Destin, FL 32541
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vance F. Askeew

Vance F. Askeew

2-4-95

(94)

262-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Area #