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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N93000003446 (2)

| CAMPECTIAL | CHIR | DDIVE | OWNERS | ASSOCIATION, | INC  |
|------------|------|-------|--------|--------------|------|
| SANDESTIN  | ULUB | DUILE | CHINKL | ASSUCIATION, | HYU. |

| OANDE                                       | OTHE OTHER  | ,   | ,  |  |  |                       |
|---|---|---|--|--|--|-----------------------|
| Principal Place of Business                 |   | Mailing Address   |  | 1 ( <b>3 0</b> ) ( <b>10 1 0 10 15 0</b> (11) 1 <b>0 9</b> (11 <b>0 0</b> )                    |  |                       |
| 1096 OLD HW<br>SUITE C-1028<br>DESTIN FL 32 | <b>,</b>  | 1096 OLD HWY 98<br>Suite C-102B<br>Destin FL 32541                    |  |  |  |                       |
| US  | 2071  | US  |  | 3. Date Incorporated or Qualified 07/28/1993   | 3a. Date of Last R<br>03/06/19                   | ,                     |
| 2. Principal Pla                            | ace of Business   | 2a. Mailing Address   |  | 4. FEI Number  | <del>                                     </del> | oplied For            |
| 21  | · · · · · · · · · · · · · · · · · · ·   | 26  |  | 59-3203703   |  | ot Applicable         |
| Suite, Apt. #                               | #, etc.   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   |  | Additional<br>equired |
| City & State                                |   | City & State  |  | 6. Election Campaign Financing   | T  | May Be                |
| 23  |   | 28  | Country  | Trust Fund Contribution  | Added  | to Fees               |
| Zip<br><b>24</b>                            | Country 25  | Ζφ<br><b>29</b>   | Country<br>30                                      | 8. This corporation has liability for i Florida Statutes                                       | ritangible tax under s. i<br>KL Yes 🔲 No         | 199.032,              |
| 24  | 9. Name and Address of Curre  |   | [30]   | 10. Name and Address of New R  |  |                       |
|   |   |   | 81 Name  |  |  |                       |
| PRATT, I                                    | INDA A  |   | 82 Street  | Address (P.O. Box Number is Not Acceptab   | le)  |                       |
|   | D HWY 98  |   | <b>62</b> Sirect                                   | Address (F.O. Dox Hamber to Not Floodplate   | ,  |                       |
| SUITE C                                     |   |   | 83   |  |  |                       |
|   | FL 32541  |   | <b>84</b> City                                     |  | FL 85 Zip  | Code                  |
| 11 Durauant t                               | a the provisions of Sections 617 060  | 2 and 617 1509. Florida Statut  | as the above-named or                              | orporation submits this statement for the pur  |  | aistered office       |
| or register                                 | ed agent, or both, in the State of Flor<br>th, and accept the obligations of, Sec | ida. Such change was authoriz   | ed by the corporation's                            | board of directors. I hereby accept the appoint  | pintment as registered a                         | agent. I am           |
| SIGNATURE _                                 |   |   | OTE: Ricg stered Agent signature r                 |  | DATE   |                       |
| 12.   | Signature, typed or printed name of registered ager  OFFICERS, AN                 | ID DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFF   |  | RS IN 12              |
| TITLE                                       | D   | X DELETE  | . 1.1 TITLE  | D  | Change   |                       |
| NAME  | JOHANNES, JAMES   | _   | 1.2 NAME   | GEFLANDER, BRUCE   |  | Addition              |
| STREET ADORESS                              | 5814 JONES VALLEY   |   | 1.3 STREET ADDRESS                                 | 9300 Hwy 98  |  |                       |
| CITY-ST-ZIP                                 | HUNTSVILLE AL   |   | 1.4 CITY - ST - ZIP                                | Destin FL 32541  |  |                       |
| TILE  | D   | DELETE  | 2.1 TiTLE  | PD   | Change   | Add tion              |
| NAME  | HUTCHINSON, SUSAN   |   | 2.2 NAME   |  |  |                       |
| STREET ADDRESS                              | 3005 BAY VILLAS   |   | 2 3 STREFT ADDRESS                                 |  |  |                       |
| CITY-ST-ZIP                                 | DESTIN FL   |   | 2 4 CITY - ST - ZIP                                |  |  |                       |
| TITLE                                       | PD  | <b>₹</b> DELETE   | 31 TITLE   | D  | ☐ Change   | Addition              |
| NAME  | PATTON, THOMAS S  |   | 3 2 NAME   | NIEHAUS, CONNIE  |  |                       |
| STREET ADDRESS                              | 9300 HWY 98 WEST  |   | 3.3 STREFT ADDRESS                                 | 3224 Bay Estates   |  |                       |
| CITY-ST-ZIP                                 | DESTIN FL   | - Doc. 575  | 3.4. CITY - ST - ZIP                               | Destin FL 32541  |  | ГП даажаа             |
| TITLE                                       | STD   | DELETE  | 4.1 T(TLE  |  | X Change   | Addition              |
| NAME  | ASKEW, VANCE  |   | 4. 2 NAME  |  |  |                       |
| STREET ADDRESS                              | 9300 HWY 98 W   |   | 4.3 STREET ADORESS                                 | 9300 Hwy 98  |  |                       |
| CITY-ST-ZIP                                 | DESTIN FL   | DELETE  | 4.4 CITY - ST - ZIP                                |  | ☐ Change   | Addition              |
| TITLE                                       |   | □ Preceie   | 5 1 TITLE<br>5 2 NAMÉ                              | OLCOTT, WAYNE  | E. J Ontarige                                    | AA Madicon            |
| NAME<br>CTOSET ADDRESS                      |   |   | 5 2 NAME<br>5 3 STREET ADDRESS                     | 9300 Hwy 98  |  |                       |
| STREET ADDRESS                              |   |   |  | Destin FL 32541  |  |                       |
| CITY-ST-ZIP<br>TITLE                        |   | DELETE  | 54 CITY-ST-ZIP<br>61 TITLE                         | 32371  | Change   | Addition              |
| NAME  |   |   | 62 NAME  |  |  | _                     |
| STREET ADDRESS                              |   |   | 6.3 STREET ADDRESS                                 |  |  |                       |
| CITY-ST-ZIP                                 |   |   | 6 4 CITY-ST-ZIP                                    |  |  |                       |
| 4.4 Leio borob                              | by certify that the information supplied  | with this filing is voluntarily fun                                   | niched and does not out                            | alify for the exemption stated in Section 119  | .07(3)(k), Florida Statute                       | s. I further          |
| certify that                                | t the information indigated on this and   | nual report or supplemental and<br>scration or the receiver or truste | nual report is true and a<br>se empowered to execu | ocurate and that my signature shall have the<br>ite this report as required by Chapter 617, Fi | same legal errect as it i                        | made under            |

SUSAN HUTCHINSON

SIGNATURE:

March 7, 1996 (904) 654-1818