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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003446

1. Corporation Name

SANDESTIN CLUB DRIVE OWNERS ASSOCIATION, INC.

Principal Place of Business

1096 OLD HWY 98
 SUITE C-102B
 DESTIN FL 32541
 US

Mailing Address

1096 OLD HWY 98
 SUITE C-102B
 DESTIN FL 32541
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/28/1993

4. FEI 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

9. Name and Address of Current Registered Agent

BELL, DAVID W
 1096 OLD HWY 98
 SUITE C-102B
 DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

CATHY LEE

82

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

1096 OLD HWY 98

83

SUITE C 102B

84

City DESTIN

FL

85

Zip Code 32541

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

Cathy J. Lee, Association Manager (CATHY J. LEE) 4-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME TAYLOR, KEANE
 STREET ADDRESS 3007 BAY VILLA
 CITY-ST-ZIP DESTIN FL 32541

TITLE PD ☒ DELETE

NAME BROWN, SHELBY
 STREET ADDRESS 3016 BAY VILLAS
 CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ DELETE

NAME ASKEW, VANCE
 STREET ADDRESS 9300 HWY 98
 CITY-ST-ZIP DESTIN FL 32541

TITLE STD ☐ DELETE

NAME GRILL, SUE
 STREET ADDRESS 3259 BURNT PINE COVE
 CITY-ST-ZIP DESTIN FL 32541

TITLE D ☒ DELETE

NAME HUTCHINSON, SUSAN
 STREET ADDRESS 3005 BAY VILLAS
 CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME PJ BURKE
 1.3 STREET ADDRESS 2917 SAND PINE RD
 1.4 CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME SUE GRILL
 2.3 STREET ADDRESS 3259 BURNT PINE COVE
 2.4 CITY-ST-ZIP DESTIN FL 32541

3.1 TITLE STD ☐ Change ☒ Addition

3.2 NAME RAY JONES
 3.3 STREET ADDRESS 2917 Bay Villas Crt.
 3.4 CITY-ST-ZIP DESTIN FL 32541

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME PETER STRATAKIS
 4.3 STREET ADDRESS 3027 CLUB DR
 4.4 CITY-ST-ZIP DESTIN FL 32541

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME JIM SCHUTTY
 5.3 STREET ADDRESS 3228 BAY ESTATES DR
 5.4 CITY-ST-ZIP DESTIN FL 32541

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME STEVEN "TERRY" IRVIN
 6.3 STREET ADDRESS 5227 TIVOLI DR
 6.4 CITY-ST-ZIP DESTIN FL 32541

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, with all other like empowered.

SIGNATURE:

P.J. Burke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.J. Burke, President 4-13-99 850-654-7818
 Date Daytime Phone #

CR2E037 (4-1-98)