

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 15 1998 8:00am
Secretary of State

0013139

DOCUMENT # N94000001863 (9)

1. Corporation Name

JADE EAST TOWERS OWNERS ASSOCIATION, INC.



Principal Place of Business

1018 E. HIGHWAY 98
DESTIN FL 32541

Mailing Address

1018 E. HIGHWAY 98
DESTIN FL 32541

3. Date Incorporated or Qualified

04/13/1994

4. FEI Number

59-3371709

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ONOFRIO, DAN
1018 HIGHWAY 98 EAST
DESTIN FL 32541

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SCHINZ, FREDDIE W

STREET ADDRESS P.O. BOX 1568 N/A

CITY-ST-ZIP FT. WALTON BEACH FL 32549

TITLE VD ☒ DELETE

NAME MOORE, R.R.

STREET ADDRESS P.O. BOX 607 N/A

CITY-ST-ZIP DESTIN FL 32540

TITLE STD ☒ DELETE

NAME BELL, LLOYD JR.

STREET ADDRESS %1008 E. HWY. 98, UNIT 1C

CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME LLOYD BELL

1.3 STREET ADDRESS 1018 HWY 98 E

1.4 CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE V.P. ☒ Change ☐ Addition

2.2 NAME MIKE PITTMAN

2.3 STREET ADDRESS SAME AS ABOVE

2.4 CITY-ST-ZIP SAME AS ABOVE

3.1 TITLE TREASURER ☒ Change ☐ Addition

3.2 NAME ED CLUCK

3.3 STREET ADDRESS SAME AS ABOVE

3.4 CITY-ST-ZIP SAME AS ABOVE

4.1 TITLE DIRECTOR ☒ Change ☐ Addition

4.2 NAME PAUL WATSON

4.3 STREET ADDRESS SAME AS ABOVE

4.4 CITY-ST-ZIP SAME AS ABOVE

5.1 TITLE DIRECTOR ☒ Change ☐ Addition

5.2 NAME MARK AWBRET

5.3 STREET ADDRESS SAME

5.4 CITY-ST-ZIP SAME

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)