## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthar

Secretary of State DIVISION OF CORPORATIONS 97 OCT 31 PH 12: 1/9

SECRÉTARY OF STATE ALLAHASSEE FLORIDA

| DOCUMENT #                  | N96000002179 (7) | SEGRETARY OF STATE TALLAHASSEE FLORIDA |
|-----------------------------|------------------|--|
| THE DESTIN OPTIN            | AIST CLUB, INC.  |  |
| Principal Place of Business | Mailing Address  |  |

| POST OFFICE BOX 876<br>DESTIN FL 32540  |  | POST OFFICE BOX 876<br>DESTIN FL 32540-0876 |                     | REINSTATEIVII  | eni quao                       |  |  |
|---|--|---|---------------------|--|--------------------------------|--|--|
|   |  |   |                     | 3. Date Incorporated or Qualified 04/18/1996                           | 3a. Date of Last Report        |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address                         |                     | 4. FEI Number  | Applied For                    |  |  |
| 21  |  | 26  |                     | 36-3989575   | Not Applicable                 |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                         |                     | 5. Certificate of Status Desired                                       | \$8.75 Additional              |  |  |
| 22  |  | 27  |                     | Or definidate of claims business                                       | Fee Required                   |  |  |
| City & State  |  | City & State                                |                     | 6. Election Campaign Financing   | <b>\$5.00</b> May Be           |  |  |
| 23  |  | 28  |                     | 1 rust Fund Contribution   | Added to Fees                  |  |  |
| Zip   | Country  | Zip Country                                 |                     | 8. This corporation has flability for intangible tax under s. 199.032, |                                |  |  |
| 24  | 25   |   | 30                  |  | es No                          |  |  |
|   | 9. Name and Address of Curren  | t Registered Agent                          | 81 Name             | 10. Name and Address of New Regist                                     | tered Agent                    |  |  |
|   |  |   | 81 Name             | :  |                                |  |  |
|   | ABRELL, RAY  |   |                     | Address (P.O. Box Number is Not Accepted to                            | 272839                         |  |  |
|   | RING LAKE DRIVE  |   |                     | 11/04/9  | ? <b></b> 01027011             |  |  |
| DESTIN FL 32541   |  |   | B3                  | ****236.   | 25 ****236.25                  |  |  |
|   | $\mathcal{A}$  |   | 84 City             |  | 95 Zin Code                    |  |  |
|   |  |   | 1                   |  |                                |  |  |
| 11. Pursuant t  | to the provisions of Sections 677,000<br>egistered agent, or both in the State | 2 and 617.1508, Florida Statutes            | s, the above-named  | corporation submits this statement for the purp                        | ose of changing its registered |  |  |
| 11. Pursuant to the provisions of Sections 67 (A):02 and 617.1508, Fiorida 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. Sect 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 displacement of the corporation of |  |   |                     |  |                                |  |  |
| SIGNATURE Signature, typed or pyrif of name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  |  |   |                     |  |                                |  |  |
| 12.   | OFFICERS AND   | DIRECTORS                                   | 13.                 | ADDITIONS/CHANGES TO OFFICER   | S AND DIRECTORS IN 12          |  |  |
| TITLE   | PD   | ☐ DELETE                                    | 1.1 TITLE           | President, Director  | Change Addition                |  |  |
| NAME  | ABRELL, RAY  |   | 1.2 NAME            | Waldron, Robert  |                                |  |  |
| STREET ADDRESS  | 781 SPRING LAKE DRIVE  |   | 1,3 STREET ADDRESS  | 28 Moreno Point Road, #H   |                                |  |  |
| CITY-ST-ZIP   | DESTIN FL 32541  |   | 1.4 CITY - ST - ZIP | Destin, FL 32541   |                                |  |  |
| TITLE   | V  | ☐ DELETE                                    | 2.1 TITLE           | First Vice Pres., Directo  | Change Addition                |  |  |
| NAME [  | HOPKINS, WILLIAM   |   | 2.2 NAME            | Hyman, Joan  | Z                              |  |  |
| STREET ADDRESS  | POST OFFICE BOX 876 N/A  |   | 2.3 STREET ADDRESS  | 1170 Bay Court   |                                |  |  |
| CITY-ST-ZIP   | DESTIN FL 32540  |   | 2 4 City-St-ZiP     | Destin, FL 32541   |                                |  |  |
| TITLE   | VD   | DELETE                                      | 3.1 TITLE           | Second Vice Pres., Direct  | Change Addition                |  |  |
| NAME  | BUDINGER, GENE   |   | 3.2 NAME            | Harley, Tison  | VV2. A                         |  |  |
| STREET ADDRESS  | 1675 HIGHWAY 98 W., #101   |   | 3.3 STREET ADDRESS  | 381 Santa Rosa Blvd.   |                                |  |  |
| CITY-ST-ZIP   | MARY ESTHER FL 32569   |   | 3.4. CITY+ST-ZIP    |  | 75/7                           |  |  |
| TITLE   | STD  | DELETE                                      | 4.1 TITLE           | Fort Walton Beach, FL 32   | NCIA: Liange I                 |  |  |
| NAME  | WALDRON, ROBERT  |   | 4. 2 NAME           | Secretary/Treas., Directo  | or x                           |  |  |
| STREET ADDRESS  | 28 MORENO POINT ROAD #   | н   | 4.3 STREET ADDRESS  | Helmich, Kevin   |                                |  |  |
| CITY-ST-ZIP   | DESTIN FL 32541  | ••  | 4.4 CITY-ST-ZIP     | 23 Doral Drive   |                                |  |  |
| TITLE   | D  | DELETE                                      | 5.1 TITLE           | Shalimar, FL 32541   | Change Addition                |  |  |
| NAME  | HOPKINS, BILL  | C Street                                    | 5.2 NAME            |  | Carl Curatific Ent (2000) (01) |  |  |
| - 1   | 757 HIGHWAY 98-E 14-163  |   |                     |  |                                |  |  |
| STREET ADBRESS  | DESTIN FL 32541  |   | 5.3 STREET ADDRESS  |  |                                |  |  |
| CITY-ST-ZIP   | DEOTHY FL 32341  | DELETE                                      | 5.4 CITY-\$1-ZIP    |  | Change Addition                |  |  |
| TITLE   |  | [""] NETELE                                 | 6.1 TITLE           |  | T ONGUNDA T WOORING!           |  |  |
| NAME  |  |   | 6.2 NAME            |  |                                |  |  |

14. I do 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 of the receiver or trustre empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapterd, or on an attachment with an address.