FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N96000002598 (8)

GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business PALM PLAZA, SUITE 6 10221 HIGHWAY 98 WEST DESTIN FL 32541 2. Principal Place of Business

> GELDER, RALPH H 10221 HIGHWAY 98 WEST **DESTIN FL 32541**

23

24

Mailing Address

P.O. BOX 6225 DESTON FL 32541

FILED Feb 13 1998 8:00am Secretary of State



			05/14/1996			
			4. FEI Number	Applied For		
			59-3390926	Not Applicable		
e of Husiness	2a. Mailing Address 26		5. Cortificate of Status Desired	\$8.75 Additional Fee Required		
etc CC 23	Suite, Apt. #, etc		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
. •	City & State 28 DESTIN, FL		7. Is this nonprofit corporation a homeowners association?			
Country 25	Zip (30)	Country	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			
		81 Name				
RALPH H HWAY 98 WEST		82 Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
32541		83 SUI	TE 23	23		
		84 City	FL	85 Zip Code		
the provisions of Sections 617	.0502 and 617 1508, Florida Statutes, the	e above-named c	orporation submits this statement for the purpose of	changing its registered		

3. Date Incorporated or Qualified

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 heroby accept the appointment as registered

agent. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE.	Steplature i type-li pe perar dinamini i De yeti ned ngant Bref tëto it app	pleable (NOI)	Hogistered Agent signature	regured when reinstating)	DATE					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	PD	DELETE	1.1 TILLE		☐ Change	Addition				
NAME	LIEW, ALVIN		1.2 NAME							
STREET ADDRESS	9300 HIGHWAY 98 WEST		1.3 STREET ADORESS							
CITY-ST-ZIF	DESTIN FL 32541		1.4 CITY - ST - ZIP							
TITLE	STD	DELFTE	2 1 TITLE		☐ Change	Addition				
NAME	ASKEW, VANCE		2.2 NAME							
STREET ADDRESS	9300 HIGHWAY 98 WEST		23 STREET ADDRESS			ļ				
CITY-ST-ZIP	DESTIN FL 32541		2 4 CITY+ST-ZIP							
TITLE	D	DELETE	3 1 TITLE	D	☐ Change	Addition				
NAME	CHISM, DOUG		3.2 NAME	WILLIAMS, JUDITH						
STREET ADDRESS	1400 DRIFTWOOD DRIVE		3 3 STREET ADDRESS	960 NORTHSHORE DRIVE	E					
CITY - ST - ZIP	SANTA ROSA BEACH FL 32459		34 CITY-ST-ZIP	DESTIN, FL 32541						
TITLE		☐ DELETE	4.1 TITLE	,	☐ Change	Addition				
NAME			4 2 NAME							
STREET ADDRESS			4 3 STREET ADDRESS							
CITY - S1 - ZIP		· ····	4.4 City - ST - 7iP							
TITLE		DETELE	5.1 THEF		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			Ì				
CITY-SI-ZIP			5.4 CITY - ST - ZIP							
TITLE		DETEJE	6.1 TILLE		Change	☐ Addition				
NAME			6 2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS			į				

64 CHY-ST-ZIP 14. Thereby 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 amount report or supplimental annual report is true and architecturate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction or the reserver or trustice empower of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

2/2/98

(850) 654-8660