## FILE NOW: FILING FEE IS \$61.25

NONBROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	on <b>Na</b> me		TATION, INCORPOR	• •						
	· · · · · · · · · · · · · · · · · · ·									
Principal Place of Business  1021 HWY 98 EAST. SUITE A DESTIN FL 32541			Mailing Address	Mailing Address				1 84141 11841 11811		
			1021 HWY 96 EAST, SUITE A DESTIN FL 32541			3. Date Incorporated or Qualified 02/24/1997				
:								4. FEI Number		Applied For
								59-344-3644		Not Applicable
2. Principal F	Place of Busi	2a. Mailing Address 26				5. Certificate of Status Desired \$8.75 Additional Fee Required				
Suite, Apt.	. #, etc.		<u> </u>	Suite, Apt. #, etc.			6. Election Campaign Financing	<b>.</b>	May Be	
22 City & Stat			City & State				Trust Fund Contribution		to Fees	
23 City & Stat	le		28	<del> </del>				7. Is this nonprofit corporation a homeowners association?		
Zip	·	Country	Zip		Countr	/		8. This corporation owes or has paid the		ntangible
24	25		29 3					Personal Property Tax due June 30.		□ No
	9. Name	and Address of Cur	rent Registered Agent					10. Name and Address of New Registers	d Agent	
					81	Nan	18			
NAVITSKY, RAY 1021 HWY <b>D</b> 8 EAST, SUITE A DESTIN FL <b>3</b> 2541				٠.			al Addre	ss (P.O. Box Number is Not Acceptable)		
								F		o Code
SIGNATURE		d or printed name of registered	agent and title if applicable		Registered Ag			oration submits this statement for the purpose on's board of directors. I hereby accept the a divinent reinstating)		
12.	OFFICERS		AND DIRECTORS  DELETE		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PRES	111240	, U	CLETE	1.1 TITLE		17	PENNIS GAGNON 319 MOUNTAIN DR.	☐ Change	Addition
NAME					1.2 NAME		,	319 MOUNTAIN DR.		
STREET ADDRESS	}				1.3 STREE			estin 71. 32541		
CITY-ST-ZIP	<del> </del>		□ Di	FIFTE	1.4 CITY - 2.1 TITLE	SI-ZIP	22		Change	Addition
NAME	}				2.2 NAME		CA	POLYN FOLLEY	EES CHANGE	- Tadanan
STREET ADDRESS	]				2.3 STREE	ADDRES	s D	75 GUIF SHURE DR.		
CITY-ST-ZIP	1				2. 4 CITY-		_	estin 71. 32541		
TITLE			□ DE	LETE	3.1 TITLE		7		Change	Addition
NAME					3.2 NAME		D	ANNY HARE	Lugar	
STREET ADDRESS					3.3 STREE	ADDRES	s   14	1075 EMERNIA CONST.	ic-vij	
CITY-ST-ZIP					3,4. CITY-	ST-ZIP_	10	estin 71.32541		
TITLE			☐ OI	ELETE	4.1 TITLE		ーカ		☐ Change	Addition
NAME					4. 2 NAME		RA	y NAVITSRY		
STREET ADDRESS	ļ				4.3 STREE	ADDRES	3 10	y Navitsky 21 Hwy 98€ =Stin 7132540		
ÇITY-ST-ZIP					4.4 CITY -	ST-ZIP	_ D	2Stin 7/32540	<del></del>	
TITLE			☐ DE	:LETt	5,1 TITLE				☐ Change	Addition
NAME					5.2 NAME					
STREET ADDRESS	}				5.3 STREE		ا د			
CITY-ST-ZIP			DE	ETE	5.4 CITY-1	T-ZIP	-		Change	Addition
TITLE	1		الله الله		6.1 TITLE		1		□ cuatibe	
NAME Street adoress	1				6.2 NAME 6.3 STREE	<b>AUUDEG</b>	ا			

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 on an attachment with an address.

**FILED** 

May 20 1998 8:00am

Secretary of State