

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

DOCUMENT # N97000004413 (7)

1. Corporation Name

DEER LAKE DUNES OWNERS ASSOCIATION, INC.

FILED

98 OCT 26 AM 10:16

SECRETARY OF STATE



REINSTATEMENT

98

Principal Place of Business

Mailing Address

ATTN: JAMES R STEINER, JR
506 HIGHWAY 98 EAST
DESTIN FL 32541

ATTN: JAMES R STEINER, JR
506 HIGHWAY 98 EAST
DESTIN FL 32541

3. Date Incorporated or Qualified
08/01/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Deer Lake Dunes
22 Att: Abbott Resorts
4514 East County Hwy 30A
23 Santa Rosa Beach FL 32459

26
27 Phyllis Phillips
4514 East County Hwy 30A
28 Santa Rosa Beach FL 32459

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

24 Zip
25 Country

29 Walton
30 Walton

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINER, JAMES R JR
506 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

1. 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 Phyllis Phillips HOA manager

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 10/21/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STEINER, JAMES R
STREET ADDRESS 506 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME ABBOTT, STEPHEN J
STREET ADDRESS 506 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME SIKES, GRIFFIN JR
STREET ADDRESS 644 S PERRY ST
CITY-ST-ZIP MONTGOMERY AL 36104

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 #

10/21/98 850-262-2693

CR2E037 (5/98)