

FILE NOW: FILING FEE IS \$61.25

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98 NOV 10 PM 4: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005990 (3)
1. Corporation Name
NANTUCKET COTTAGES OWNERS ASSOCIATION, INC.



Principal Place of Business 1965 HWY 98 EAST DESTIN FL	Mailing Address 1965 HWY 98 EAST DESTIN FL
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3. Date Incorporated or Qualified 10/23/1997	
4. FE# Number 59-3535051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 69 Crystal Beach Dr.	2a. Mailing Address 26 40 Abbott Resorts 69 Crystal Beach Dr.
22 Suite, Apt. #, etc.	27 35000 Emerald Coast Pkwy
23 City & State Destin, FL	28 City & State Destin, FL
24 Zip 32541	25 Country US
29 Zip 32541	30 Country US

9. Name and Address of Current Registered Agent
**LEGLER, MITCHELL W
ONE INDEPENDENT DR STE 3104
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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]* DATE: **11/4/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ODOM, JAY	
STREET ADDRESS	P O BOX 1735 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, CLIFF	
STREET ADDRESS	P O BOX 1735 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEY, CINDY	
STREET ADDRESS	P O BOX 1735 N/A	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Abbott	
1.3 STREET ADDRESS	PO Box 1735 N/A	
1.4 CITY-ST-ZIP	Destin, FL 32540	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cliff Cohen	
2.3 STREET ADDRESS	P O Box 1735 N/A	
2.4 CITY-ST-ZIP	Destin, FL 32540	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	700002687587-5	
3.3 STREET ADDRESS	-11/13/98-01098-006	
3.4 CITY-ST-ZIP	*****61.25 *****61.25	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>[Signature]</i>	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *[Signature]*

CR2E037 (10/97)