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**May 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000005990**

1. Corporation Name

**NANTUCKET COTTAGES OWNERS ASSOCIATION, INC.**

Principal Place of Business  
 69 CRYSTAL BEACH DR  
 DESTIN FL 32541

Mailing Address  
 C/O ABBOTT RESORTS  
 3500 EMERALD COAST PKY  
 DESTON FL 32541



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 C/O Abbott Resorts

27 Suite, Apt. #, etc.  
 35000 Emerald Coast Pkwy

28 City & State  
 Destin, FL

29 Zip Country  
 32541 USA

3. Date Incorporated or Qualified

10/23/1997

4. FEI Number

59-3535051

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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  
~~Bill~~ Abbott William W. Jr  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 506 Highway 98 East  
 83  
 84 City  
 Destin FL 85 Zip Code  
 32540

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

*William W. Abbott Jr*

WILLIAM W. ABBOTT JR

4-2-99

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME ODOM, JAY  
 STREET ADDRESS P O BOX 1735 N/A  
 CITY-ST-ZIP DESTIN FL 32540

TITLE VD  DELETE  
 NAME ABBOTT, BILL  
 STREET ADDRESS P.O. BOX 1735 N/A  
 CITY-ST-ZIP DESTON FL 32540

TITLE SD  DELETE  
 NAME COHEN, CLIFF  
 STREET ADDRESS P.O. BOX 1735 N/A  
 CITY-ST-ZIP DESTIN FL 32540

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
 2.2 NAME Abbott, Bill  
 2.3 STREET ADDRESS P.O. BOX 30 506 Hwy 98  
 2.4 CITY-ST-ZIP Destin, FL - 32540

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

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

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

6.1 TITLE  Change  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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3/24/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)