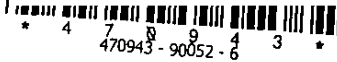


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90060 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000006559		
1. Corporation Name THE PALMS OF OKALOOSA ISLAND OWNERS ASSOCIATION, INC.		
Principal Place of Business 670 NAUTILUS CT FT WALTON BEACH FL 32548 US	Mailing Address 676 SANTA ROSA BLVD FT WALTON BEACH FL 32547 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip _____ Country _____ 24 _____ 25 _____ 29 _____ 30 _____		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip _____ Country _____		3. Date Incorporated or Qualified 11/21/1997	
		4. FEI Number 59-3491395		☐ 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 BLUE, ROB JR 221 MCKENZIE AVE PANAMA CITY FL 30075		10. Name and Address of New Registered Agent 81 Name <u>O'Brien, Julie</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>Abbott Resorts</u> 83 <u>676 Santa Rosa Blvd</u> 84 <u>ft. Walton Beach</u> <u>FL</u> <u>32548</u>	
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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 Julie O'Brien

(NOTE: Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	DODSON, TIMOTHY J	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	2135 RIVER CLIFF DR	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	ROSWELL GA 30076	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DODSON, PAMELA JEAN J	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	2135 RIVER CLIFF DR	2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	ROSWELL GA 30076	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CONNART, DAVID	3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	1234 AIRPORT RD	3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Timothy J. Dodson

SIGNATURE AND TYPED NAMES OF ALL OFFICERS OR DIRECTORS

1/25/99

Daytime Phone #

CR2ED037 (1/1/98)