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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001911

Corporation Name

MIRAMAR BEACH MASTER ASSOCIATION, INC.

J00132 - 90060 - 49

Principal Place of Business P.O. BOX 6268 DESTIN FL 32541	Mailing Address P.O. BOX 6268 DESTIN FL 32541
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/02/1998 4. FEI Number 59-3565963 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD N.E. FORT WALTON BEACH FL 32548	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 Zip Code
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Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIGG, CHARLES W 104 MAXWELL AVENUE GREENWOOD SC 29646	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS COOKE, GARY E 104 MAXWELL AVENUE GREENWOOD SC 29646	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEXSEN, JULIAN J JR. 104 MAXWELL AVENUE GREENWOOD SC 29646	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition	
61 TITLE 62 NAME 63 STREET ADDRESS 64 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)(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 817, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY E. COOKE

1/19/99 864-941-4088
 Date Daytime Phone #

CR2E037 (11/98)