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Mar 11 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043801 (7)

1. Corporation Name

THE TOPS'L CLUB OF NW FLORIDA, INC.



Principal Place of Business

**35000 EMERAL COAST PARKWAY
DESTIN FL 32541
US**

Mailing Address

**P.O. BOX 30
DESTIN FL 32540-0030
US**

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

02/01/1996

4. FEI Number

59-3256259

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**OLIN, JAMES S.
35000 EMERAL COAST PARKWAY
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Signatures must be printed and include registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABBOTT, WILLIAM W. JR.	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY- ST- ZIP	DESTIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDREWS, ANGUS G. JR.	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY- ST- ZIP	DESTIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ABBOTT, STEPHEN J.	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY- ST- ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN DIVER, CHARLES H. III	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY- ST- ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINER, JAMES R. JR.	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY- ST- ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN DIVER, SUE C.	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY- ST- ZIP	DESTIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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 607, 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

CR2E034 (9/96)