

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000047072 (9)**

1. Corporation Name  
**WESTWINDS AT SANDESTIN, INC.**

Principal Place of Business

**9300 HWY. 98 WEST  
EMERALD COAST PKWY.  
DESTIN FL 32541**

Mailing Address

**9300 HWY. 98 WEST  
EMERALD COAST PKWY.  
DESTIN FL 32541**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/04/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3381081</b>	Applied For <input type="checkbox"/> Not Applicable
23	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30	Country				

9. Name and Address of Current Registered Agent

**RESTER, JAMES M  
9300 HWY. 98 WEST  
EMERALD COAST PKWY.  
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
85	Zip Code

**FL**

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director/President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RESTER, JAMES M</b>	1.2 NAME	
STREET ADDRESS	<b>9300 HWY. 98 WEST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Alvin Liew</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>9300 Highway 98 West</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice President/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Vance F. Askew</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>9300 Highway 98 West</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James M. Rester, President**

**1/20/97**

**904/267-8111**

Date

Daytime Phone #

CR2E034 (9/96)