FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743531 (6)

1. Corporation Name

FORT WALTON BEACH VISTA DEL MAR CONDOMINIUMS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
925 WHELK COURT FORT WALTON BEACH FL 32549	925 WHELK COURT FORT WALTON BEACH FL 32540

3. Date Incorporated or Qualified: 07/11/1978
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2070449 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HEBERT, MARSHELL
217 MCARTHUR AVE.
FT. 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FERKES, CATHY	1.2 NAME	Scott Jensen	
STREET ADDRESS	472 PARRISH PT. BLVD.	1.3 STREET ADDRESS	359 Evergreen Place	
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	ST	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	HEBERT, MARSHELL	2.2 NAME	V. William Humphries	
STREET ADDRESS	217 MCARTHUR AVE.	2.3 STREET ADDRESS	P.O. Box 442 N/A	
CITY-ST-ZIP	FT. WALTON BCH. FL	2.4 CITY-ST-ZIP	Demorest, GA 30555	
TITLE	D	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	BAKER, THOMAS D	3.2 NAME	Francis Hebert	
STREET ADDRESS	1153 WOODLAND DR.	3.3 STREET ADDRESS	217 Mc Arthur Avenue	
CITY-ST-ZIP	WHITE CLOUD MI	3.4 CITY-ST-ZIP	Ft. Walton Bch., FL 32548	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	FERKES, GEORGE C.	4.2 NAME		
STREET ADDRESS	528 PARRISH POINT BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WOODS, JOHN	5.2 NAME		
STREET ADDRESS	925 WHELK CT., #2	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH. FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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.

SIGNATURE: Scott Jensen (Pres. & Dir.) 1/18/95 904-243-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021610