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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTM

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N37557

(8)

Mailing Address

THE COURTYARD AT CRYSTAL BEACH WEST OWNERS' ASSOCIATION, INC.

% JAY ODOM % JAY ODOM P.O. BOX 1735 P.O. BOX 1735 **DESTIN FL 32540-1735** DESTIN FL 32540 3. Date incorporated or Qualified 3a. Date of Last Report 04/10/1990 04/24/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 90 BONNIE WICK 40 BONNIE 59-3060000 26 WICK Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 10 PLEW 5. Certificate of Status Desired 10 PLEW Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be SHALIMAR SHALMAR 28 Trust Fund Contribution Added to Fees Zιρ Country This corporation has liability for intangible tax under s. 199.032, 32579 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ODOM, JAY Street Address (P.O. Box Number is Not Acceptable) 1965 HWY 98 E **DESTIN FL 32541** 84 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE X Change Addition TITLE 1.1 TITLE STEVE TEPRER ODOM, JAY NAME 1.2 NAME 3839 INDIAN TRAIL 1965 HWY 98 STREET ADDRESS 1.3 STREET ADDRESS 32540 DESTIN FL DESTIN 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE **Change** Addition TITLE 2.1 TITLE LINDA MC KNIGHT HPRO-INHANTRAIL DESTIN FL 32540 COHEN, CLIFF 2.2 NAME NAME 109 STINGRAY ST. STREET ADDRESS 2.3 STREET ADDRESS **DESTIN FL** DESTIN FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Change Addition 3.1 TITLE TITLE STD ODOM, EMILY BONNIE E. WICE 3.2 NAME NAME 83 MEIGS DR. 10 PLEW AVE 3.3 STREET ADDRESS STREET ADDRESS SHALIMAR SHALIMAR FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TOTLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

STREET ADDRESS

STREE1 ADDRESS

CITY - ST - ZIP

TITLE NAME

3/29/97

904 302 3000

Change

Addition

May 28 1997 8:00am

Secretary of State