FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37557

THE COURTYARD AT CRYSTAL BEACH WEST OWNERS' ASSO CIATION, INC.

Principal Place of Business									
C/O BONNIE WICK									
10 PLEW AVE									
SHALIMAR FL 32579									
US									

Mailing Address C/O BONNIE WICK 10 PLEW AVE

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90105 044 ****61.25

shalimar fl Us	32579	shalimar FL 325 US	79			I HOOTEIRI DOO 12112 IBERI OLEAR BIIII IRBE OIDIT BIRKI BIRKI BIRKI AREN GERI I				
2. Principal P	Principal Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 04/10/1990				
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			4. FEI Number			App	lied For
22		27				59-3060000	•			Applicable
City & Stat						5. Certificate of Status Desired Fee Require				
Zip	Country	Zip Country				6. Election Campaign Financing		\$5	.00	May Be
24	25	29	30			Trust Fund Contribution			ded to	•
	9. Name and Address of Curre	nt Registered Agent		\perp		10. Name and Address of New Reg	istered A	\gent		
				81	Name	•				
ODOM, JA				82	Street Add	ress (P.O. Box Number is Not Acceptable	в)			_
1965 HW DESTIN F				83	 					
DESTIN	L 32341			84	City			85	Zip C	ode
				- (_		<u>FL</u>	\perp		
office or r agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida of Florida Such change ations of, Section 617.05	Statutes, the was authoriz 03, Florida St	aboved by atutes	e-named corporati the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept t	irpose of o	changir itment	as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ed Age	nt signatura require	ed when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRE	CTOF	S IN 12
TITLE	D	☐ DEL	ETE 1.1	TITLE				Cha	ınge	Addition
NAME	TEPPER, STEVE		1.2	NAME]			,		
STREET ADDRESS	3839 INDIAN TRAIL		1.3	STREE	T ADDRESS					
CITY-ST-ZIP	DESTIN FL		1.4	CITY-S	T-ZIP					
TITLE	D	☐ DEL	ETE 2.1	TITLE				Cha	ange	Addition
NAME	MCKNIGHT, LINDA		2.2	NAME						
STREET ADDRESS	4007 INDIAN TRAIL		2.3	STREE	T ADDRESS					
CITY-ST-ZIP	DESTIN FL		2.4	CITY-S	ST-ZIP					
TITLE	D	☐ DEL	ETE 3.1	TITLE				Cha	ange -	☐ Addition
NAME	WICK, BONNIE		3.2	NAME	Ì					
STREET ADDRESS	10 PLEW AVE		3.3	STREE	TADDRESS					
CITY-ST-ZIP	SHALIMAR FL		3.4	СЛҮ-8	ST-ZIP		<u>_</u>			
TITLE		☐ DEL	ETE 4.1	TITLE		· -		Cha	inge	Addition
NAME			4.2	NAME	Ì					
STREET ADDRESS			4.3	STREE	TADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE		☐ DEL	•	TITLE				☐ Cha	ange	Addition
NAME				NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE		□ DEL	-,-	TITLE				Chi	ınge	Addition
NAME				NAME						
STREET ADDRESS			6.3	STREE	T ADDRESS					
000 07 70	1		64	CITY, 9	T. ZIP					

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 617, 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: