

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N37557**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90366 015 ****61.25

1. Entity Name

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

Principal Place of Business

**10221 HWY 98
23
DESTIN FL 32550
US**

Mailing Address

**C/O EMERALD COAST ASSOCIATED MANAGEMENT
10221 HWY 98 #23
DESTIN FL 32550
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3060000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, CHRISTINE
10221 HWY 98 SUITE 23
DESTIN FL 32541**

**Emerald Coast Association Mgt.
JAY GELIN
10221 Emerald Coast Pkwy, S 23
Destin FL 32550**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DST WICK, BONNIE**
STREET ADDRESS **3607 Goldsbys Way**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☒ Addition
NAME **VPO Gentry, Dan**
STREET ADDRESS **9200 Pleasant Lane**
CITY-ST-ZIP **Dothan, TN 37323**

TITLE ☐ Delete
NAME **DP LAMBERT, DANNY**
STREET ADDRESS **5551 OVERTON ROAD**
CITY-ST-ZIP **BIRMINGHAM AL 35210**

TITLE ☐ Change ☒ Addition
NAME **Bernard, Judy**
STREET ADDRESS **20-Vernet Court**
CITY-ST-ZIP **Kenner, LA 70065**

TITLE ☒ Delete
NAME **DVP GUTHRIE, ALLEN**
STREET ADDRESS **209 CEDAR LANE**
CITY-ST-ZIP **PADUCAH KY 42001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02
Date

850 302 3693
Daytime Phone #

CR2E037 (9/01)