

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 27, 2005  
Secretary of State**

DOCUMENT# N37557

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

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY W  
STE 23  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EMERALD COAST ASSOCIATION MANAGEMENT  
10221 HWY 98 #23  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

FEI Number: 59-3060000      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GELDER, JAY  
10221 EMERALD COAST PARKWAY W  
STE 23  
MIRAMAR BEACH, FL 32550 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: BERNARD, JUDY  
Address: 20 VERRETT COURT  
City-St-Zip: KENNER, LA 70065

Title: PD ( ) Delete  
Name: O'HARA, NANCY  
Address: 90 MARK ST  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: RYAN, PAT  
Address: 260 OLDE POST RD  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: BERNARD, JUDY  
Address: 20 VERRETT COURT  
City-St-Zip: KENNER, LA 70065

Title: VPD (X) Change ( ) Addition  
Name: O'HARA, NANCY  
Address: 90 MARK ST  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: WICK, BONNIE  
Address: 84 MARK STREET  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE WICK

PD

01/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date