

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37557

FILED
Apr 03, 2008
Secretary of State

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

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

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

Title: VPD () Delete
Name: WICK, BONNIE
Address: 84 MARK STREET
City-St-Zip: DESTIN, FL 32541

Title: D (X) Delete
Name: MCGEE, RONNIE
Address: 291 CORINTHIAN PLACE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: RYAN, PAT
Address: 260 OLDE POST RD
City-St-Zip: NICEVILLE, FL 32578

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUDY BERNARD

PD

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date