FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:10

DOCUMENT # 728596 (8)

1. Corporation Name
CASA DEL MAR TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4 MIRACLE STRIP PKWY., S.W. FT WALTON BCH FL 32548	4 MIRACLE STRIP PKWY., S.W. FT WALTON BCH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1974
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1604533 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~DELETE~~
~~MARTIN, PAULINE~~
~~4 MIRACLE STRIP PKY, UNIT 29~~
~~FORT WALTON BEACH FL 32548~~

10. Name and Address of New Registered Agent

81 Name: BROWN, WILLIAM E.
82 Street Address (P.O. Box Number is Not Acceptable): ~~4 Miracle Strip Pky, Unit 12~~
83 Ft Walton Beach
84 City: FL 85 Zip Code: 08302

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William E Brown WILLIAM E. BROWN, T DIR Feb 10, 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	PENSYL, JON	1.2 NAME	
STREET ADDRESS	4 MIRACLE STRIP, APT 14	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BCH, FLO	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	CHAPLIN, ROBERT	2.2 NAME	CHAPLIN, ROBERT
STREET ADDRESS	4 MIRACLE STRIP, APT 24	2.3 STREET ADDRESS	4 MIRACLE STRIP, APT 24
CITY-ST-ZIP	FORT WALTON BCH, FLO	2.4 CITY-ST-ZIP	FORT WALTON BCH, FLO 32548
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	YEAGER, BETTY	3.2 NAME	
STREET ADDRESS	4 MIRACLE STRIP, APT 21	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BCH, FLO	3.4 CITY-ST-ZIP	
TITLE	~~TD~~ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME	~~MARTIN, PAULINE~~	4.2 NAME	BROWN, WILLIAM E.
STREET ADDRESS	~~4 MIRACLE STRIP, APT #29~~	4.3 STREET ADDRESS	4 MIRACLE STRIP, APT #12
CITY-ST-ZIP	~~FORT WALTON BCH, FLO~~	4.4 CITY-ST-ZIP	FORT WALTON BCH, FLO 32548
TITLE	~~D~~	5.1 TITLE	VD ☐ Change ☒ Addition
NAME	~~MADDOX, NAT~~ DELETE	5.2 NAME	SNOW, CHARLES
STREET ADDRESS	~~4 MIRACLE STRIP, APT. 13~~	5.3 STREET ADDRESS	4 MIRACLE STRIP PKY, APT# 17
CITY-ST-ZIP	~~FT. WALTON BEACH FL~~	5.4 CITY-ST-ZIP	~~FORT WALTON BEACH, FLO 32548~~
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William E Brown WILLIAM E. BROWN, TREASURER, DIRECTOR Feb 10, 95 (904) 244-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021607