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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: \_\_

DOCUMENT # 728596 (8)  CASA DEL MAR TOWNHOUSE ASSOCIATION, INC.					
Principal Place	of Business	Mailing Address			
4 MIRACLE STRIP PKWY S.W. 4 MIRACLE STRIP PK FT WALTON BCH FL 32548 FT WALTON BCH FL			7. S.W.		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pl	ace of Business	2a. Mailing Address	······································	01/11/1974 4. FEI Number	02/15/1995
1	000 OF 200011000	26		59-1604533	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			\$8.75 Additional
City & State	a	City & State			Fee Required
23]	-	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Ζιρ	Country	Zip	Country	This corporation has liability for intar	Added to Fees
14	9. Name and Address of Curren	29	30	Florida Statutes	Yes No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
BROWN, WILLIAM E.				Color (D.O. Down and J. D. L.A.	
	CLE STRIP PKWY UNIT 12		62 Street A	Address (P.O. Box Number is Not Acceptable)	
FORT W	VALTON BEACH FL 32548		83		
			84 City		85 Zip Code
					FL 100 2.5 SSG
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Sta	tutes, the above named cor	rooration submits this statement for the purpos	e of changing its registered office
				rporation submits this statement for the purpos board of directors. Thereby accept the appointr	e of changing its registered officement as registered agent. I am
familiar wit	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti			rporation submits this statement for the purpos board of directors. Thereby accept the appointr	e of changing its registered officement as registered agent. I am
familiar wit	th, and accept the obligations of, Sections of Sections of Sections of Agents of Agent	on 617.0503, Florida Statu	tes.  (N2TE Registereo Agent signature re-	outed of directors. Thereby accept the appointr	ment as registered agent. I am
familiar wit SIGNATURE 12.	th, and accept the obligations of, Sections of Sections of Sections of the Section of the Sectio	on 617,0503, Florida Statu and their anonable D DIRECTORS	(NOTE Registered Agent signature re-	position of directors. Thereby accept the appointr	DATE  AS AND DIRECTORS IN 12
familiar wit SIGNATURE 12.	th, and accept the obligations of, Section and accept the obligations of, Section and of regions agent OFFICERS AND SD	on 617.0503, Florida Statu	tes.  INCIE Registerco Agent signature re  13.  11 TILE	outed of directors. Thereby accept the appointr	ment as registered agent. I am
familiar wit SIGNATURE 12. TITLE	Signature parent or protect name of representations of Section SD PENSYL, JON	on 617,0503, Florida Statu and their anonable D DIRECTORS	INCIE Registeres Agent signature re-  13.  11 Tiff.E  12 NAME	outed of directors. Thereby accept the appointr	DATE  AS AND DIRECTORS IN 12
familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS	th, and accept the obligations of, Section and accept the obligations of, Section and of regions agent OFFICERS AND SD	on 617,0503, Florida Statu and their anonable D DIRECTORS	tes.  INCIE Registerco Agent signature re  13.  11 TILE	outed of directors. Thereby accept the appointr	DATE  AS AND DIRECTORS IN 12
familiar wit	Signature transfer protest name of regions and open OFFICERS AND SD PENSYL, JON 4 MIRACLE STRIP, APT 14	on 617,0503, Florida Statu and their anonable D DIRECTORS	INDIE Registarco Agent signature re  13.  11 TITLE  1 2 NAME  1 3 STREET ADDRESS	outed of directors. Thereby accept the appointr	DATE  AS AND DIRECTORS IN 12
familiar wit SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	SD PENSYL, JON 4 MIRACLE STRIP, APT 14 FORT WALTON BCH, FLO D CHAPLIN, ROBERT	ant the franchisches  DIRECTORS	INDIE Registered Agent segnature re-  13.  11 TIPLE  1 2 NAME  1 3 STREET ADDRESS  1.4 CITY - ST - ZIP	outed of directors. Thereby accept the appointr	DATE  CAND DIRECTORS IN 12  Change Add-tion
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signal are transfer protections of agent OFFICERS AND SD PENSYL, JON 4 MIRACLE STRIP, APT 14 FORT WALTON BCH, FLO D CHAPLIN, ROBERT 4 MIRACLE STRIP, APT 24	ant the franchisches  DIRECTORS	INDIE Registeres Agent signature re-  13.  11 TIRE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TIRE	outed of directors. Thereby accept the appointr	DATE  CAND DIRECTORS IN 12  Change Add-tion
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Signature parature protect name of registering agent.  OFFICERS AND SD PENSYL, JON 4 MIRACLE STRIP, APT 14 FORT WALTON BCH, FLO D CHAPLIN, ROBERT 4 MIRACLE STRIP, APT 24 FORT WALTON BCH, FLO	on 617.0503, Florida Statu  and the drawns and DIRECTORS  DELETE	INDIE Registeres Agent signature re  13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP	outed of directors. Thereby accept the appointr	DATE  RS AND DIRECTORS IN 12  Change Addition  Change Addition
TAMINAT WIT SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature parature protect name of registering agent.  OFFICERS AND SD PENSYL, JON 4 MIRACLE STRIP, APT 14 FORT WALTON BCH, FL0 D CHAPLIN, ROBERT 4 MIRACLE STRIP, APT 24 FORT WALTON BCH, FL0 PD	ant the franchisches  DIRECTORS	INDIE Registeres Agent signature re- 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP 31 TITLE	outed of directors. Thereby accept the appointr	DATE  CAND DIRECTORS IN 12  Change Add-tion
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TAMINAT WIT SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature paratrup protection and of registering apert.  OFFICERS AND SD PENSYL, JON 4 MIRACLE STRIP, APT 14 FORT WALTON BCH, FLO D CHAPLIN, ROBERT 4 MIRACLE STRIP, APT 24 FORT WALTON BCH, FLO PD YEAGER, BETTY 4 MIRACLE STRIP, APT 21 FORT WALTON BCH, FLO	DELETE	13.  11 TITLE  1 2 NAME  1 3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  2 2 NAME  2 3 STREET ADDRESS  2.4 CITY-ST-ZIP  3 1 TITLE  3 2 NAME  3 3 STREET ADDRESS  3.4 CITY-ST-ZIP	outed of directors. Thereby accept the appointr	DATE  THE STAND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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TAMINAL WITE  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature paratrup protection and of registering aperts  OFFICERS AND  SD PENSYL, JON 4 MIRACLE STRIP, APT 14 FORT WALTON BCH, FLO  D CHAPLIN, ROBERT 4 MIRACLE STRIP, APT 24 FORT WALTON BCH, FLO  PD YEAGER, BETTY 4 MIRACLE STRIP, APT 21 FORT WALTON BCH, FLO  TD BROWN, WILLIAM E. 4 MIRACLE STRIP #12	DELETE	13.  11 TITLE  1 2 NAME  1 3 STREET ADDRESS  1 4 CITY-ST-ZIP  2 1 TITLE  2 2 NAME  2 3 STREET ADDRESS  2 4 CITY-ST-ZIP  3 1 TITLE  3 2 NAME  3 3 STREET ADDRESS  4 CITY-ST-ZIP  4 1 TITLE	outed of directors. Thereby accept the appointr	DATE  THE STAND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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TAMINAL WITE  SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Spatial State State Protesting and of Section State State State Protesting and of Section State	DELETE	13.  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TITLE  22 NAME  23 STREET ADDRESS  2 4 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  41 TITLE  4 2 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  51 TITLE  52 NAME  53 STREET ADDRESS	outed of directors. Thereby accept the appointr	DATE  THE STAND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
TAMINAL WITE  SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Spatial State State Protesting and of Section State State State Protesting and of Section State	DELETE  DELETE  DELETE	13.  11 TITLE  12 NAME  13 STREET ADDRESS  1.4 CITY-ST-ZIP  21 TITLE  22 NAME  23 STREET ADDRESS  2.4 CITY-ST-ZIP  31 TITLE  32 NAME  33 STREET ADDRESS  3.4 CITY-ST-ZIP  41 TITLE  4 2 NAME  4 3 STREET ADDRESS  4.4 CITY-ST-ZIP  51 TITLE  52 NAME  43 STREET ADDRESS  54 CITY-ST-ZIP  51 TITLE  52 NAME	outed of directors. Thereby accept the appointr	DATE  TEST AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
TAMINAL WITE  SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Spatial State State Protesting and of Section State State State Protesting and of Section State	DELETE  DELETE  DELETE	13   1   1   1   1   1   1   1   1   1	outed of directors. Thereby accept the appointr	DATE  TEST AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR