FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 02 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 01/11/1974

4. FEI Number: 59-1604533 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, WILLIAM E.
4 MIRACLE STRIP PKWY UNIT 12
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: BECKY L. FLOYD Treasurer
82 Street Address (P.O. Box Number Is Not Acceptable): 4 Miracle Strip Pky, Unit 27
83: Ft Walton Beach, FL, 32548
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Becky L. Floyd, Treasurer — Becky L. Floyd — 1/20/98
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	☐ DELETE	1.1 TITLE	Dir	☒ Change ☐ Addition
NAME	MADDOX, W.N. (NAT)		1.2 NAME	Frances Quinn Deel	
STREET ADDRESS	4 MIRACLE STRIP PKWY., UNIT 13		1.3 STREET ADDRESS	9225 Forrest Haven Dr	
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	Alexandria, VA, 22309-3216	
TITLE	D	☒ DELETE	2.1 TITLE	Pres-Dir	☒ Change ☐ Addition
NAME	CHAPLIN, ROBERT		2.2 NAME	Jon Pensyl	
STREET ADDRESS	4 MIRACLE STRIP, APT 24		2.3 STREET ADDRESS	P.O. Box 1002	
CITY-ST-ZIP	FORT WALTON BCH, FL0		2. 4 CITY-ST-ZIP	Ft Valley, GA, 31030	
TITLE	PD	☒ DELETE	3.1 TITLE	Trea-Dir	☒ Change ☐ Addition
NAME	YEAGER, BETTY		3.2 NAME	Becky L. Floyd	
STREET ADDRESS	4 MIRACLE STRIP, APT 21		3.3 STREET ADDRESS	4 Miracle Strip Pky,Unit 27	
CITY-ST-ZIP	FORT WALTON BCH, FL0		3.4. CITY-ST-ZIP	Ft Walton Beach, FL, 32548	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, WILLIAM E.		4. 2 NAME		
STREET ADDRESS	4 MIRACLE STRIP #12		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BCH, FL0		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SNOW, CHARLES		5.2 NAME		
STREET ADDRESS	4 MIRACLE STRIP PKY #17		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: BECKY L. FLOYD TREASURER — REQUIRED — 850-244-2263