FOR PROFIT CORPORATION ** ***

UNIFORM BUSINESS REPORT (UBR) 05-21-2002 91114 036 ****50.00 DOCUMENT # 728596 1. Entity Name Casa del Mar Townhouse Assoc. 4 Miracle Stripp PBy <u>Et Walton Beach, Fla</u> DO NOTAWRITE IN THIS SPACE R0125006 2. Principal Place of Business 3. Mailing Address 4 MIRACLE STRIP PKW 4 Miracle Strip Pky Ft Walton Beach Suite, Apt. # etc. 32548 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>59-1604533</u> Not Applicable Zlp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name William E. Brown Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE Unit 12 INTHISSPACE 4 Miracle Strip Pky, Walton Beach submits this statement/for the purpose of changing its registered office or registered agent, or both, in the State of Flörida. SIGNATURE t and title if applicable, (NOTE: Registered Agent signature required when reinstating) January 11: May 1 Fee is \$150.00: After May 1; Fee is \$550.00 "Amended UBR is \$81'25 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE President mle : NAME Paula Yerby STREET ADDRESS STREET ANDRESS Bob Wade Lane CITY - ST - ZIP CITY ST. ZIP. Harvoct, AL 35749 TITLE TITLE: V.Pres. NAME Charles Snow STREET ADDRESS 1017 46th St CITY - ST - ZIP CITY, ST. ZIP. Niceville, FL 32578 TITLE TITLE NAME NAME (Dir) Virginia Milton STREET ADORESS STREET ADDRESS Unit 11, 4 Miracle Strip Py CITY - ST - ZIP. Ft Walton Beach, FL 32548 TITLE TITLE IN THIS SPACE (Dir) Nat Maddox NAME STREET ADDRESS PO Box 508 STREET ADDRESS CITY - ST - ZIP CITY ST ZIP <u>Nerry GA. 31069</u> TITLE Trea) William E. Brown NAME NAME Unit 12, 4 Miracle Strip Pk STREET ADDRESS STREET ADDRESS Ft Walton Beach, FL, 32548 CITY - ST - ZIP CITY ST ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP 13. 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 report or supplemental 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 approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an altractment with an address, with all other like empowered. RULL SIGNATURE:WILLYAM

Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-244-2455

Daytime Phone #

STF FL32381F.1

FILED Jun 11, 2002 8:00 am Secretary of State

06-11-2002 90398 044 ****11.25