NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90008 048 ****61.25

DOCUMENT # 728596

1. Entity Name

CASA DEL MAR TOWNHOUSE ASSOC., INC.

DO NOT WRITE IN THIS SPACE

54017353

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4 MIRACLE STRIP PKWY SW	Suite, Apt. #, etc.
City & State: FT WALTON BEACH FL	City & State
Zip: 32548 Country	Zip Country

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT CHAPLIN

Street Address (P.O. Box Number is Not Acceptable): 4 MIRACLE STRIP PARKWAY, SW #24

City: FORT WALTON BEACH FL Zip Code: 32548

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P NAME: CINDY DEJESUS STREET ADDRESS: 4 MIRACLE STRIP PARKWAY CITY - ST - ZIP: FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE: VP NAME: JOSEPH ANGELINI STREET ADDRESS: UNIT 20, 4 MIRACLE STRIP PKWY CITY - ST - ZIP: FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE: S NAME: JON PENSYL STREET ADDRESS: PO BOX 1002 CITY - ST - ZIP: FORT VALLEY, GA 31030		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE: T NAME: ROBERT CHAPLIN STREET ADDRESS: UNIT 24, 4 MIRACLE STRIP PKWY CITY - ST - ZIP: FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE: D NAME: LAURIE PEACOCK STREET ADDRESS: 1634 COBBLESTONE COURT CITY - ST - ZIP: MONTGOMERTY, AL 36117		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E037B (12/02)

12. 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert O. Chaplin **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32380F.1