

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90088 003 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                                                        |                                                       |                                                                                                                                                                                    |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 728596</b><br>1. Entity Name<br><b>CASA DEL MAR TOWNHOUSE ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                        |                                                       |                                                                                                                                                                                    |                                                                              |
| Principal Place of Business<br><b>4 MIRACLE STRIP PKWY., S.W.<br/>FT WALTON BCH, FL 32548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                        |                                                       | Mailing Address<br><b>4 MIRACLE STRIP PKWY., S.W.<br/>FT WALTON BCH, FL 32548</b>                                                                                                  |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 3. Mailing Address                                                                                                     |                                                       |                                                                                                                                                                                    |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Suite, Apt. #, etc.                                                                                                    |                                                       |                                                                                                                                                                                    |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | City & State                                                                                                           |                                                       | 4. FEI Number<br><b>59-1604533</b>                                                                                                                                                 |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Country                                                                                                                |                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                                                        |                                                       | 7. Name and Address of New Registered Agent                                                                                                                                        |                                                                              |
| <b>HART, DEBRA<br/>4 MIRACLE STRIP PKWY #22<br/>FORT WALTON BEACH, FL 32548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                                                        |                                                       | Name <b>CYNTHIA DEJESUS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4 MIRACLE STRIP PKWY SW # 12</b><br>City <b>FORT WALTON BEACH FL</b> Zip Code <b>32548</b> |                                                                              |
| 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 <b>CYNTHIA DEJESUS - PRES, 3-11-06</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                                                                                                        |                                                       |                                                                                                                                                                                    |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                       | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                       |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                    |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S                                  | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                 | P                                                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>HART, DEBRA</b>                 |                                                                                                                        | NAME                                                  | <b>CYNTHIA DEJESUS</b>                                                                                                                                                             |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4 MIRACLE STRIP PKWY #22</b>    |                                                                                                                        | STREET ADDRESS                                        | <b>4 MIRACLE STRIP PKWY SW # 12</b>                                                                                                                                                |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>FORT WALTON BEACH, FL 32548</b> |                                                                                                                        | CITY-ST-ZIP                                           | <b>FORT WALTON BEACH, FL 32548</b>                                                                                                                                                 |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P                                  | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                 | V                                                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>PENYSL, JON</b>                 |                                                                                                                        | NAME                                                  | <b>WILLIAM L. MILTON</b>                                                                                                                                                           |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PO BOX 1002</b>                 |                                                                                                                        | STREET ADDRESS                                        | <b>4 MIRACLE STRIP PKWY SW # 11</b>                                                                                                                                                |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>FORT VALLEY, GA 31030</b>       |                                                                                                                        | CITY-ST-ZIP                                           | <b>FORT WALTON BEACH, FL 32548</b>                                                                                                                                                 |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VP                                 | <input type="checkbox"/> Delete                                                                                        | TITLE                                                 | T                                                                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>PEACOCK, LAURIE</b>             |                                                                                                                        | NAME                                                  |                                                                                                                                                                                    |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1634 COBBLESTONE CT.</b>        |                                                                                                                        | STREET ADDRESS                                        |                                                                                                                                                                                    |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MONTGOMERY, AL 36117</b>        |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                                                                                                    |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                                  | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                 | S                                                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>YERBY, PAULA</b>                |                                                                                                                        | NAME                                                  | <b>ROBERT O. CHAPLIN</b>                                                                                                                                                           |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>2888 BOB WADE LN</b>            |                                                                                                                        | STREET ADDRESS                                        | <b>4 MIRACLE STRIP PKWY SW # 24</b>                                                                                                                                                |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>HARVEST, AL 35749</b>           |                                                                                                                        | CITY-ST-ZIP                                           | <b>FORT WALTON BEACH, FL 32548</b>                                                                                                                                                 |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                  | <input checked="" type="checkbox"/> Delete                                                                             | TITLE                                                 | D                                                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>QUINN, HOPE</b>                 |                                                                                                                        | NAME                                                  | <b>PAULINE M. MARTIN</b>                                                                                                                                                           |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4 MIRACLE SHIP PKWY #23</b>     |                                                                                                                        | STREET ADDRESS                                        | <b>4 MIRACLE STRIP PKWY SW # 29</b>                                                                                                                                                |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>FORT WALTON BEACH, FL 32548</b> |                                                                                                                        | CITY-ST-ZIP                                           | <b>FORT WALTON BEACH, FL 32548</b>                                                                                                                                                 |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    |                                                                                                                        | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |                                                                              |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                                        | NAME                                                  |                                                                                                                                                                                    |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                        | STREET ADDRESS                                        |                                                                                                                                                                                    |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                                                                        | CITY-ST-ZIP                                           |                                                                                                                                                                                    |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                    |                                                                                                                        |                                                       |                                                                                                                                                                                    |                                                                              |
| SIGNATURE: <b>CYNTHIA DEJESUS, PRES, 3-11-06 850-863-2881</b><br><small>SIGNATURE AND PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                        |                                                       |                                                                                                                                                                                    |                                                                              |