## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#728596** 

FILED Mar 08, 2009 Secretary of State

Entity Name: CASA DEL MAR TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4 MIRACLE STRIP PKWY., S.W. FT WALTON BCH, FL 32548 **Current Mailing Address: New Mailing Address:** 4 MIRACLE STRIP PKWY., S.W. FT WALTON BCH, FL 32548 FEI Number: 59-1604533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEJESUS, CYNTHIA 4 MIRACLE STRIP PKWY SW. # 12 FORT WALTON BEACH, FL 32548 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition DEJESUS, CYNTHIA DEJESUS, CYNTHIA Name: Name: 4 MIRACLE STRIP PKWY SW, # 11 Address: 4 MIRACLE STRIP PKWY SW, #12 Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: () Delete Title: (X) Change ( ) Addition SPRINGFIELD, JOHN Name: ADDAIR, MARY Name: Address: 4 MIRACLE STRIP PKWY SW 26 Address: 1812 LEON ROAD City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: JACKSONVILLE, FL 32246 Title: () Delete Title: (X) Change ( ) Addition MILTON, VIRGINIA MILTON, VIRGINIA Name: Name: 4 MIRACLE STRIP PKWY SW 11 4 MIRACLE STRIP PKWY SW #11 Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: Title: () Change () Addition ( ) Delete YERBY, PAULÁ Name: Name: 2888 BOB WADE LN Address: Address: City-St-Zip: HARVEST, AL 35749 City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, PAULINE M Name: Name: 4 MIRACLE STRIP PKWY SW, #29 Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA DEJESUS P 03/08/2009