2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2012
Secretary of State

DOCUMENT# 728596

Entity Name: CASA DEL MAR TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

4 MIRACLE STRIP PKWY., S.W.
FT WALTON BCH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

4 MIRACLE STRIP PKWY., S.W.
FT WALTON BCH, FL 32548 US

New Mailing Address:

4 MIRACLE STRIP PKWY., S.W.
FT WALTON BEACH, 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:

PEACOCK, LAURIE
4 MIRACLE STRIP PKWY SW
18
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Title: P
Name: MARTIN, POLLY
Address: 4 MIRACLE STRIP PKWY SW, # 29
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: V
Name: MCCALLISTER, NATHAN
Address: 4 MIRACLE STRIP PKWY SW, #23
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T
Name: PEACOCK, LAURIE
Address: 4 MIRACLE STRIP PKWY SW #18
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S
Name: YERBY, PAULA
Address: 2888 BOB WADE LANE
City-St-Zip: HARVEST, AL 35749

Title: D
Name: REAMES, JOSEPH
Address: 4 MIRACLE STRIP PKWY SW, # 22
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: LAURIE PEACOCK T 01/18/2012

Electronic Signature of Signing Officer or Director Date