2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/27/

FILED
Feb 14, 2003 8:00 am
Secretary of State
01-27-2003 90143 039 ****61.25

DOCUMENT # 728596

55006869

1. Entity Name
CASA DEL MAR TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4 MIRACLE STRIP PKWY.. S.W. FT WALTON BCH FL 32548	4 MIRACLE STRIP PKWY.. S.W. FT WALTON BCH FL 32548

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

~~BROWN, WILLIAM E~~
~~4 MIRACLE STRIP PKWY S.W.~~
~~UNIT 12~~
~~FORT WALTON BEACH FL 32548~~

7. Name and Address of New Registered Agent

Name Robert Chaplin
Street Address (P.O. Box Number is Not Acceptable) 4 Miracle Strip Pkwy #24
City Ft. 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 Robert A. Chaplin 12 Feb. '03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADDOX, W.N. (NAT) PO BOX 508 PERRY GA 31069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEACOCK, LAURIE 1634 COBBLESTONE CT. MONTGOMERY, AL 36117 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P YERBY, PAULA 2888 BOB WADE LANE HARVEST AL 35749	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANGELINI, JOSEPH UNIT 20, 4 MIRACLE STRIP PKY. FT. WALTON BEACH, FL, 32548 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SNOW, CHARLES 1017 46TH ST. NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHAPLIN, ROBERT UNIT 24 4 MIRACLE STRIP PKY, FT. WALTON BEACH, FL 32548 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILTON, VIRGINIA 4 MIRACLE STRIP PKWY, UNIT 11 PERRY GA 31069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, WILLIAM E 4 MIRACLE STRIP PKWY, UNIT 12 FORT WALTON BEACH FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Yerby PAULA YERBY President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/24/03 Date

x 852-4662 (256) Daytime Phone #