FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -2 AM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768009 (3)

1. Corporation Name
COSTA VISTA HOMEOWNERS' ASSN., INC.

Principal Place of Business	Mailing Address
C/O RICHARD N MEAD 3895 HIGHWAY 98 EAST DESTIN FL 32541	C/O RICHARD N MEAD 3895 HIGHWAY 98 EAST DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1983
3a. Date of Last Report: 04/27/1994
4. FEI Number: 57-0893268 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MEAD, RICHARD N.
3895 HIGHWAY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	WETHERINGTON, STEVE	1.2 NAME	
STREET ADDRESS	3410 SAN MATEO	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	JACOBY, BEN	2.2 NAME	SPARKS, LINDA
STREET ADDRESS	111 DRIFTWOOD RD 22	2.3 STREET ADDRESS	660 MOSS CREEK DR.
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	BLOOMINGTON, IND. 47403
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHENCK, WILLIAM	3.2 NAME	
STREET ADDRESS	63 1/2 E MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	XENIA OH	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	MEAD, RICHARD N	4.2 NAME	
STREET ADDRESS	3895 HIGHWAY 98 EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	LOWERY, ROD	5.2 NAME	TAYLOR, REBECCA
STREET ADDRESS	111 DRIFTWOOD RD #2	5.3 STREET ADDRESS	1325 BLEVINS GAP
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	HUNTSVILLE, AL 35802
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	$ Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Linda Sparks 6/12/95 X 812-336-5208
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA SPARKS STD

00021483