

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 **2362 Old Hwy. 98**

26 **2362 Old Hwy. 98**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

57-0893268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Willa Merriott

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Willa Merriott Realty

83

1021 U.S. Hwy. 98 East

84 City

Destin,

FL

85 Zip Code

32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Willa Merriott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/96

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	WETHERINGTON, STEVE	
STREET ADDRESS	3410 SAN MATEO	
CITY-ST-ZIP	PLANO TX	
TITLE	STD	☒ DELETE
NAME	SPARKS, LINDA	
STREET ADDRESS	680 MOSS CREEK DRIVE	
CITY-ST-ZIP	BLOOMINGTON IN 47403	
TITLE	D	☒ DELETE
NAME	SCHENCK, WILLIAM	
STREET ADDRESS	63 1/2 E MAIN ST	
CITY-ST-ZIP	XENIA OH	
TITLE	AS	☒ DELETE
NAME	MEAD, RICHARD N	
STREET ADDRESS	3895 HIGHWAY 98 EAST	
CITY-ST-ZIP	DESTIN FL	
TITLE	PD	☒ DELETE
NAME	TAYLOR, REBECCA	
STREET ADDRESS	1325 BLEVINS GAP	
CITY-ST-ZIP	HUNTSVILLE AL 35802	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Glenn Duncklee	
1.3 STREET ADDRESS	11 Driftwood Rd. #20	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	Clay Vickers c/o Gulf Coast Travel	
2.3 STREET ADDRESS	625 U.S.Hwy.98 East Destin, FL	
2.4 CITY-ST-ZIP	32541	
3.1 TITLE	TD	☐ Change ☒ Addition
3.2 NAME	Jim Sparks	
3.3 STREET ADDRESS	11 Driftwood Rd. #10	
3.4 CITY-ST-ZIP	Destin, FL 32541	
4.1 TITLE	SD	☐ Change ☒ Addition
4.2 NAME	Nancy Green	
4.3 STREET ADDRESS	1210 Church St.	
4.4 CITY-ST-ZIP	Huntsville, AL 35801	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(904) 837-9425

Date

Daytime Phone #

CR2E037 (12/95)