FILE NOW: FILING FEE IS $61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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
2362 OLD HWY 98 DESTIN FL 32541 US	2362 OLD HWY. 98 DESTIN FL 32541 US

3. Date Incorporated or Qualified: 04/18/1983

4. FEI Number: 57-0893268 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 12311 CHICAMAUGA TR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 HUNTSVILLE, AL
Zip 24 Country 25	Zip 29 35803-2213 Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MERRIOT, WILLA
% WILLA MERRIOT REALTY
1021 US HWY. 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 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	DUNCKLEE, GLEEN		1.2 NAME	MAY K. HULLINGS	
STREET ADDRESS	11 DRIFTWOOD RD. #20		1.3 STREET ADDRESS	1213 BRIARHOLLOW	
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP	HUNTSVILLE, AL 35802	
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	VICKERS, CLAY %		2.2 NAME	LINDA PAYNE	
STREET ADDRESS	625 US HWY. 98 EAST		2.3 STREET ADDRESS	269 OLYMPIC DR	
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP	WETUMPKA, AL 36093	
TITLE	VD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	LOWERY, RODNEY		3.2 NAME	RONI CARLSON	
STREET ADDRESS	11 DRIFTWOOD ROAD, #2		3.3 STREET ADDRESS	11 DRIFTWOOD RD UNIT #4	
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		☐ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME			4.2 NAME	ROBERT A. MAIDEN	
STREET ADDRESS			4.3 STREET ADDRESS	12311 CHICAMAUGA TR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HUNTSVILLE, AL 35803	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 [illegible] TREASURER 3-5-98 (NOW 205) (256) 883-6424