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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768009

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

Principal Place of Business
 2362 OLD HWY 98
 DESTIN FL 32541
 US

Mailing Address
~~13311 CHICAMUGA TR~~ P.O. Box 723
~~HUNTSVILLE FL 35803~~
~~US~~ **DESTIN, FL 32540**



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/18/1983
22	27	4
City & State	City & State	FEI Number
23	28	57-0893268
Zip	Zip	Applied For
Country	Country	Not Applicable
24	29	5
	30	Certificate of Status Desired
		\$8.75 Additional Fee Required
		6
		Election Campaign Financing Trust Fund Contribution
		\$5.00 May Be Added to Fees

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 **DAN COOPER**

82 Street Address (P.O. Box Number is Not Acceptable)
256 BIRLING CT. N.W.

83

84 City **FT. WALTON BEACH** FL 85 Zip Code **32548**

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 **DANIEL A. COOPER** *Daniel A. Cooper*

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

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	HULLINGS, MAY K	
STREET ADDRESS	1213 BRIARHOLLOW	
CITY-ST-ZIP	HUNTSVILLE AL 35802	
TITLE	PD	DELETE
NAME	VICKERS, CLAY %	
STREET ADDRESS	625 US HWY. 98 EAST	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	DELETE
NAME	LOWERY, RODNEY	
STREET ADDRESS	11 DRIFTWOOD ROAD, #2	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	DELETE
NAME	PAYNE, LINDA	
STREET ADDRESS	269 OLYMPIC DR	
CITY-ST-ZIP	WETUMPKA AL 36093	
TITLE	SD	DELETE
NAME	CARLSON, RON	
STREET ADDRESS	11 DRIFTWOOD RD, UNIT 4	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	TD	DELETE
NAME	MAIDEN, ROBERT A	
STREET ADDRESS	12311 CHICAMUGA TRL	
CITY-ST-ZIP	HUNTSVILLE FL 35803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	Change	Addition
1.2 NAME	Thomas, Ted		
1.3 STREET ADDRESS	11 Driftwood Rd, #23		
1.4 CITY-ST-ZIP	Destin, FL 32541		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 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, with all other like empowered.

SIGNATURE: **DANIEL A. COOPER** *DANIEL A. COOPER* **THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/10/99** Daytime Phone #: **(850) 650-2703**

CR2E037 (11/98)