2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90261 012 ****61.25

DOCUMENT # 768009

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2362 OLD HWY 98	2362 OLD HWY 98
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN FLORIDA	City & State: DESTIN FLORIDA
Zip: 32550 Country: US	Zip: 32550 Country: US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWENS, WAYNE 2368 OLD HWY 98 DESTIN FL 32541	Name: WAYNE OWENS Street Address (P.O. Box Number is Not Acceptable): 2362 OLD HWY 98 City: DESTIN, FLORIDA FL Zip Code: 32550

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.

SIGNATURE: WAYNE OWENS — Wayne Owens — 4-2-01
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, TED 11 DRIFTWOOD RD 23 DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARLSON, RONI 742 BELMONT RIDGE DR LAWRENCEVILLE, GA 30043 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAIDEN, ROBERT A 12311-CHICAMUGA-TRL HUNTSVILLE FL 35803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEHNKE, ELMER 407 GOLF DRIVE BIRMINGHAM AL 35226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VARNELL, CINDY 9000 BLUEGRASS RD KNOXVILLE TN 37922	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: E.H. BEHNKE — E.H. BEHNKE — 4/7/01 — 850-863-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #