

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90042 011 ****61.25

DOCUMENT # 768009

1. Entity Name

COSTA VISTA HOMEOWNERS' ASSN., INC.

Principal Place of Business

Mailing Address

**2362 OLD HWY 98
 DESTIN FL 32550
 US**

**2362 OLD HWY 98
 DESTIN FL 32550
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-0893268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWENS, WAYNE
 2362 OLD HWY 98
 DESTIN FL 32550**

Name

TEO THOMAS

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

2362 Old Hwy 98

City

DESTIN

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 **TEO THOMAS**

01-15-02

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 **VD** ☐ Delete
 NAME **CARLSON, RONI**
 STREET ADDRESS **742 BELMONT RIDGE DR**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **MAIDEN, ROBERT A**
 STREET ADDRESS **12311 CHICAMUGA TRL**
 CITY-ST-ZIP **HUNTSVILLE FL 35803**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **BEHNKE, ELMER**
 STREET ADDRESS **407 GOLF DRIVE**
 CITY-ST-ZIP **BIRMINGHAM AL 35226**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **VARNELL, CINDY**
 STREET ADDRESS **9000 BLUEGRASS RD**
 CITY-ST-ZIP **KNOXVILLE TN 37922**

TITLE ☒ Change ☐ Addition
 NAME **DALE JORDAN**
 STREET ADDRESS **1434 LAMHURST RD.**
 CITY-ST-ZIP **PENSACOLA, FL. 32507**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **ELMER H. BEHNKE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02 (205-979-4857)

CR2E037 (9/01)