

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-07-2005 90074 029 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # 768009					
1. Entity Name COSTA VISTA HOMEOWNERS' ASSN., INC.					
Principal Place of Business 2362 OLD HWY 98 DESTIN, FL 32550 US			Mailing Address 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	
6. Name and Address of Current Registered Agent LOWERY, RODNEY 2362 OLD HWY 98 DESTIN FL 32550				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>S. Suzette Smith</i> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)					
DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PRES.	☐ Change ☒ Addition
NAME	PAYNE, TED		NAME	Wayne King	
STREET ADDRESS	269 OLYMPIC DR.		STREET ADDRESS	2810 Bearwood Dr.	
CITY-ST-ZIP	WETMPKA AL 36093		CITY-ST-ZIP	Nashville, TN 37214	
TITLE	TD	☒ Delete	TITLE	Janelle McCoy	☐ Change ☒ Addition
NAME	HOMOLKA, CHARLENE		NAME	Janelle McCoy	
STREET ADDRESS	855 HWY. 64W		STREET ADDRESS	2362 Scenic Gulf Dr. #20	
CITY-ST-ZIP	CASHIERS NC 28717		CITY-ST-ZIP	Destin, FL 32550	
TITLE	VD	☐ Delete	TITLE	Teri Ferrie	☐ Change ☒ Addition
NAME	SMITH, SUZETTE		NAME	Teri Ferrie	
STREET ADDRESS	705 GULF SHORE DR.		STREET ADDRESS	7056 Spenser Dr.	
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	Tallahassee, FL 32313	
TITLE			TITLE	S. Suzette Smith	☒ Change ☒ Addition
NAME			NAME	S. Suzette Smith	
STREET ADDRESS			STREET ADDRESS	35 W. Wild Briar Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Santa Rosa Bch. FL 32459	
TITLE			TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Rodney L. Lowery</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1-31-05 Daytime Phone # 850-622-1293					
Date 3/14/05 Daytime Phone # 850-225-7729					

SMIT705 325412033 1205 07 03/15/05
NOTIFY SENDER OF NEW ADDRESS
SMITH SONJA SUZETTE
35 W WILD BRIAR RD
SANTA ROSA BEACH FL 32459-3120

