2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am **Secretary of State DOCUMENT # 768009** 1. Entity Name 02-22-2006 90015 038 ****61.25 COSTA VISTA HOMEOWNERS' ASSN., INC. Principal Place of Business Mailing Address 2362 OLD HWY 98 DESTIN FL 32550 2362 OLD HWY 98 DESTIN FL 32550 ŪS 2. Principal Place of Business 3. Mailing Address 2362 Lenk Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Sity & State.... 4. FEI Number Applied For 57-0893268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOWERY, RODNEY 2362 OLD HWY 98 DESTIN FL 32550 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. i 11. PD TITLE Pres. ☐ Delete THE Addition 1 ☐ Change NAME 3 KING, WAYNE " NAME eric Brown 2810 BRANWOOD ROAD STREET ADDRESS STREET ADDRESS 3640 Scenic Hwy. 98 E. 770-386-1988 NASHVILLE TN 37214 Destin, Fl. 32541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change Vice Pres-MCCOY, JANELLE NAME NAME Josh Blanton 2135 GlenField Trace 2362 SCENIC GULF DR #20 STREET ADDRESS STREET ADDRESS DESTIN FL 32550 CITY-ST-ZIP CITY-ST-ZIP Cumming, On, Georgia TITLE VD Delete IIILE sec. Change Addition Janelle MSCOY 10499 Walk De. NAME SMITH, SUZETTE NAME STREET ADDRESS 35 W. WILD BRIAR RD. STREET ADDRESS Jacksonville, 71. 32256 CITY-ST-7IP SANTA ROSA BEACH FL 32459-3120 CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition Treasuren NAME FERRIE, TERI NAME LAUra Tripplett 202 IN Bank Cin. STREET ADDRESS 7036 SPENSER DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32313 CITY-ST-ZIP Madison, A1. 35758 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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 quality for the exemptions contained in Section 119, 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.

FILED

Manager 850217-3498 Cell