

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 050 ****61.25

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DOCUMENT # 768009 1. Entity Name COSTA VISTA HOMEOWNERS' ASSN., INC.					
Principal Place of Business 2362 SCENIC GULF DR. DESTIN, FL 32550 US			Mailing Address 2362 SCENIC GULF DR. DESTIN, FL 32550 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 57-0893268	
Zip		Country		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	
LOWERY, BRENDA P.O. BOX 9095 44 E. BRADLEY ST., 8 MIRAMAR BEACH, FL 32550				Name <u>Gwen Gilleland</u> Street Address (P.O. Box Number is Not Acceptable) <u>2362 Scenic Gulf Dr</u> <u>Office</u> City <u>Destin</u> FL Zip Code <u>32550</u>	
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 <u>Gwen Gilleland mng HOA</u> DATE <u>4-8-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOY, JANELLE 2362 SCENIC GULF DR #20 DESTIN, FL 32550	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Woody Childers 2362 Scenic Destin, FL 32550	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCOY, JANELLE 10499 WELLINGTON WALK DR JACKSONVILLE, FL 32256	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA HULSEY 574 SHADES CREST RD HOOVER, AL 35226	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HULSEY, BARBARA 574 SHADES CREST RD HOOVER, AL 35226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NANCY BURG 2362 SCENIC GULF HWY DESTIN, FL 32550	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ERIC 3640 SCENIC HWY 98 E DESTIN, FL 32541	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REBECCA TAYLOR 2362 SCENIC GULF DR DESTIN, FL 32550	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANTON, JOSH 2135 GLENFIELD TRACE CUMMING, GA 30041	☒ 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <u>Barbara Hulsey</u> DATE <u>4-8-08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					