

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768009

FILED
Apr 24, 2009
Secretary of State

Entity Name: COSTA VISTA HOMEOWNERS' ASSN., INC.

Current Principal Place of Business:

2362 SCENIC GULF DR.
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

2362 SCENIC GULF DR.
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 57-0893268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHORS, MICHELLE
909 MAR WALT DR
STE 1022
FT WALTON BEACH, FL F32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHILDERS, WOODY
Address: 4832 ARABI DR.
City-St-Zip: FAIRBURN, OH 45324

Title: T () Delete
Name: HULSEY, BARBARA
Address: 574 SHADES CREST RD
City-St-Zip: HOOVER, AL 35226

Title: S () Delete
Name: GREEN BURG, NANCY
Address: 24601 OAKWOOD AVE
City-St-Zip: HUNTSVILLE, FL 35811

Title: V () Delete
Name: MCCOY, RICHARD
Address: 10499WELLINGTON WALK DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: M () Delete
Name: MERRIOT, WILLA
Address: 12273 HWY 98 W., #113
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLA MERRIOTT

M

04/24/2009

Electronic Signature of Signing Officer or Director

Date