

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N05445** (4)
1. Corporation Name

95 FEB -3 PM 1:46

TWO HUNDRED WEST CONDOMINIUM OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 MIRACLE STRIP PKWY. P. O. BOX 4641 FT. WALTON BCH. FL 32549 US	200 MIRACLE STRIP PKWY. P. O. BOX 4641 FT. WALTON BCH. FL 32549 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1984	3a. Date of Last Report 03/03/1994
4. FEI Number 59-2521351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

MCINNIS, JEFF
909 MAR WALT DR. SUITE 1014
FT. WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMSON, KEN
STREET ADDRESS	200 MIRACLE STRIP PKWY
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	SD
NAME	HUDSON, KAREN
STREET ADDRESS	200 MIRACLE STRIP PKWY
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	T
NAME	HURT, WILBUR
STREET ADDRESS	200 MIRACLE STRIP PKWY
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	VPD
NAME	MURPHY, ROY
STREET ADDRESS	200 MIRACLE STRIP PKWY.
CITY - ST - ZIP	FT. WALTON BCH. FL
TITLE	D
NAME	VELLA, JAMES
STREET ADDRESS	200 MIRACLE STRIP PKWY.
CITY - ST - ZIP	FT. WALTON BCH FL
TITLE	D
NAME	GARDNER, JACK
STREET ADDRESS	200 MIRACLE STRIP PKWY.
CITY - ST - ZIP	FT. WALTON BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK GARDNER	
1.3 STREET ADDRESS	200 W. MIRACLE STRIP PKWY.	
1.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32548	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHARLES KLINNER	
2.3 STREET ADDRESS	200 W. MIRACLE STRIP PKWY	
2.4 CITY - ST - ZIP	FT WALTON BEACH, FL. 32548	
3.1 TITLE	S?D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KAREN HUSTON	
3.3 STREET ADDRESS	200 W. MIRACLE STRIP PKWY	
3.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32548	
4.1 TITLE	T?D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES VELLA	
4.3 STREET ADDRESS	200 W. MIRACLE STRIP PKWY	
4.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32548	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KENNETH WILLIAMSON	
5.3 STREET ADDRESS	200 W. MIRACLE STRIP PKWY	
5.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32548	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROY MURPHY	
6.3 STREET ADDRESS	200 W. MIRACLE STRIP PKWY	
6.4 CITY - ST - ZIP	FT. WALTON BEACH, FL. 32548	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Jack J. Gardner JACK GARDNER 1-30-95 904-243-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #