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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05445 (4)

1. Corporation Name
TWO HUNDRED WEST CONDOMINIUM OWNER'S ASSOCIATION, INC.



Principal Place of Business 200 MIRACLE STRIP PKWY. P. O. BOX 4641 FT. WALTON BCH. FL 32549 US	Mailing Address 200 MIRACLE STRIP PKWY. P. O. BOX 4641 FT. WALTON BCH. FL 32549 US
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3. Date Incorporated or Qualified 10/02/1984	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2521351	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	RD <input type="checkbox"/> DELETE
NAME	GARDNER, JACK
STREET ADDRESS	200 W. MIRACLE STRIP WAY
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	RD <input type="checkbox"/> DELETE
NAME	KLINNER, CHARLES
STREET ADDRESS	200 W. MIRACLE STRIP PKWY
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PLASTER, MIKE
STREET ADDRESS	200 MIRACLE STRIP PKWY
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCMICHEAL, TOM
STREET ADDRESS	200 W MIRACLE STRIP PKWY
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	WILLIAMSON, KENNETH
STREET ADDRESS	200 MIRACLE STRIP PKWY.
CITY-ST-ZIP	FT. WALTON BCH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	REAGAN, ROBERT
STREET ADDRESS	200 W MIRACLE STRIP PKWY
CITY-ST-ZIP	FT. WALTON BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CR2E037 (10/97)