03-02-1999 90013 024 \*\*\*\*61.25

Applied For

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N05445**

1. Corporation Name

TWO HUNDRED WEST CONDOMINIUM OWNER'S ASSOCIATION

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

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

200 MIRACLE STRIP PKWY. P. O. BOX 4641 FT. WALTON BCH. FL 32549

|--|

3. Date Incorporated or Qualifed

10/02/1984

4. FEI Number

20	,	27			59-2521351	<u> </u>	Not Applicable									
27     27						\$8.7	5 Additional									
23	28				5. Certifcate of Status Desired	1 1	Required									
Zip	Country	Zip	Country		6. Election Campaign Financing	□ \$5.0	<b>00</b> May Be									
24	25 293			Trust Fund Contribution Added to Fees			ad to Fees									
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent										
			81	Name												
MCINNIS, JEFF 909 MAR WALT DR. SUITE 1014 FT. WALTON BCH FL 32548				82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City 85 Zip Code												
												84	City		FL  °   1	ip Code
									11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	, the above	-named corp	oration submits this statement for the	purpose of changing	its registered
									office or r	registered agent, or both, in the State of the familiar with, and accept the obligation	if Florida. Such change was auth	horized by	the corporation	on's board of directors. I hereby accep	ot the appointment as	registered
	and accept the obligati	ons or, oscilon orriosos, riona	a Juliates.	•												
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agen	t signature require	d when reinstating)	DATE	<del></del> _									
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12									
TITLE	D	☐ DELETE	1.1 TITLE			Chan	ge 🗌 Additio									
NAME	GARDNER, JACK		1.2 NAME				•									
STREET ADORESS	200 W. MIRACLE STRIP WAY		1.3 STREET	ADDRESS												
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-S	r-zip												
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Chan	ge									
NAME	KLINNER, CHARLES		2.2 NAME													
STREET ADDRESS	200 W. MIRACLE STRIP PKWY		2.3 STREET	ADDRESS			•									
CITY-ST-ZIP	FT. WALTON BEACH FL		2. 4 CITY-S	T-ZIP												
TITLE	D	☐ DELETE	3.1 TITLE			☐ Chan	ge 🗌 Additio									
NAME	PLASTER, MIKE		3.2 NAME		- <del></del>											
STREET ADDRESS	200 MIRCALE STRIP PKWY		3.3 STREET	ADDRESS												
CITY-ST-ZIP	FT. WALTON BCH. FL		3.4. CITY-S	1												
TITLE	D	☐ DELETE	4.1 TITLE			☐ Chan	ge 🗌 Additio									
NAME	MCMICHEAL, TOM		4. 2 NAME													
STREET ADDRESS	200 W MIRACLE STRIP PKWY		4.3 STREET	ADDRESS												
CITY-ST-ZIP	FT. WALTON BCH. FL		4.4 CITY-ST													
TITLE	PD PD	☐ DELETE	5.1 TITLE			☐ Chan	ige 🔲 Additio									
NAME	WILLIAMSON, KENNETH		5.2 NAME													
STREET ADDRESS	200 MIRACLE STRIP PKWY.		5.3 STREET	ADDRESS												
	FT. WALTON BCH FL		5.4 CITY-S													
CITY-ST-ZIP TITLE	VPD	☐ DELETE	6.1 TITLE			☐ Chan	ge Additio									
, 11165			-			_	- —									

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

REAGAN, ROBERT

FT. WALTON BCH. FL

200 W MIRACLE STRIP PKWY

SIGNATURE REQUIRED

Date