

2000 UNIFORM BUSINESS REPORT (UBR)

3/1.

FILED
May 02, 2000 8:00 am
Secretary of State

03-13-2000 90062 047 ****61.25

DOCUMENT # N05445

1. Entity Name

TWO HUNDRED WEST CONDOMINIUM OWNER'S ASSOCIATION

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 32549-4641
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2521351

Applied For

Not Applicable

Zip

Country

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

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

Name **GLENN B. ATCHESON**

Street Address (P.O. Box Number is Not Acceptable)
909 SANTA ROSA BLVD.

City **FT WALTON BEACH FL** Zip Code **32548**

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.

SIGNATURE

Glenn B. Atcheson

3/28/00

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, JACK	
STREET ADDRESS	200 W. MIRACLE STRIP WAY	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KLINNER, CHARLES	
STREET ADDRESS	200 W. MIRACLE STRIP PKWY	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLASTER, MIKE	
STREET ADDRESS	200 MIRACLE STRIP PKWY	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input checked="" 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARA BEZIAN	
STREET ADDRESS	200 W. MIRACLE STRIP PKWY	
CITY-ST-ZIP	FT WALTON BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MOBLEY	
STREET ADDRESS	200 W MIRACLE STRIP PKWY	
CITY-ST-ZIP	FT WALTON BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NONE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Glenn B. Atcheson

3-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)