


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90036 024 ****61.25

| | | |
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| DOCUMENT # N05445 | |  |
| 1. Entity 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 PRESIDENT 200 WEST MIRACLE STRIP PKY. FORT WALTON BEACH FL 32548 US | |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

24000011



MOORE CR2E037 (11/03)

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|---|--|--|
| 4. FEI Number 59-2521351 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| DAWSON, STUART 200 MIRACLE STEP PARKWAY, APT. 701 FT. WALTON BCH FL 32548 | Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City: _____ FL Zip Code _____ |

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. I am familiar with, and accept the obligations of registered agent.

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

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRENT, DONALD 200 W. MIRACLE STRIP WAY FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PLASTER, JOANN 200 WEST MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAWSON, STUART 200 WEST MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLACKWELDER, BRUCE 200 W MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMSON, KENNETH 200 MIRACLE STRIP PKWY. FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WILLIAMSON, KENNETH <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VLE President GEORGE LAMARCHE 200 W. MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 reports 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: *Robert D. Linn* General Manager 02-03-04 850-301-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #