

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2007
Secretary of State**

DOCUMENT# N05445

Entity Name: TWO HUNDRED WEST CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PRESIDENT
200 WEST MIRACLE STRIP PKY.
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-2521351 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAWSON, STUART
200 MIRACLE STEP PARKWAY, APT. 701
FT. WALTON BCH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TRENT, DONALD
Address: 200 W. MIRACLE STRIP WAY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MD () Delete
Name: MANLEY, RICHARD
Address: 200 WEST MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD () Delete
Name: DAWSON, STUART
Address: 200 WEST MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ST () Delete
Name: WILLIAMSON, KENNETH
Address: 200 MIRACLE STRIP PKWY.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: LAMARCHE, GEORGE
Address: 200 W. MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE FOWNER

MGR

03/07/2007

Electronic Signature of Signing Officer or Director

Date