

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 12, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: CORBIN, LINDA  
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 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: KEN WILLIAMSON

SEC

05/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date