

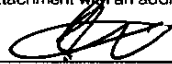


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 013 ****61.25

DOCUMENT # N06000009254 1. Entity Name COSTA VISTA TOWNHOMES OWNERS' ASSOCIATION INC.					
Principal Place of Business 6584 BRIDGEWATER WAY UNIT 406 PANAMA CITY BEACH, FL 32407				Mailing Address 6584 BRIDGEWATER WAY UNIT 406 PANAMA CITY BEACH, FL 32407	
2. Principal Place of Business - No P.O. Box # 6504 BRIDGEWATER WAY Suite, Apt. #, etc. UNIT 406		3. Mailing Address 6504 BRIDGEWATER WAY Suite, Apt. #, etc. UNIT 406		<div style="font-size: 1.2em; font-weight: bold;">50000714</div> 	
City & State PANAMA CITY BEACH FL		City & State PANAMA CITY BEACH FL		4. FEI Number 20-5690201	
Zip 32407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TENNYSON, GARY W ESQ C/O JOHN L. GIOIELLO P.A. 404 JENKS AVE PANAMA CITY B, FL 32401				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	MANAGING MEMBER CHRIS B. CAMPBELL 6504 BRIDGEWATER WAY, UNIT 406 PANAMA CITY BEACH, FL 32407		<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			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  CHRIS B. CAMPBELL			1-17-07 850-348-1436		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		