

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

02-04-2008 90051 049 ****61.25

DOCUMENT # N07600001498					
1. Entity Name TOPSAIL WALK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8 INDIAN BAYOU DRIVE DESTIN, FL 32541			Mailing Address 8 INDIAN BAYOU DRIVE DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-2101073	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNEESE, RICHARD S 36488 EMERALD COAST PARKWAY SUITE 1201 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name: <u>Kevin T. Robertson</u> Street Address (P.O. Box Number is Not Acceptable): <u>8 Indian Bayou Dr</u> City: <u>Destin</u> FL Zip Code: <u>32541</u>		
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: <u>[Signature]</u> <u>Kevin T. Robertson</u> <u>1/31/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$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	DS BISHARA, VICTOR 8521 WINDOLYN CIRCLE BARTLETT, TN 38133		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT DIVINE, HAL IV 100 SEA SCAPE DRIVE VILLA 21B DESTIN, FL 32550		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres + CEO ROBERTSON, KEVIN T 8 INDIAN BAYOU DRIVE DESTIN, FL 32541		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ 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: <u>[Signature]</u> <u>Kevin T. Robertson</u> <u>1/31/08</u> <u>(950) 685-2319</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #					

66003185



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