


FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N46165 (9)</b> 1. Corporation Name <b>CRYSTAL BEACH COTTAGES HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>P. O. BOX 1735 DESTIN FL 32541</b>		Mailing Address <b>P. O. BOX 1735 DESTIN FL 32540-1735</b>	
2. Principal Place of Business 21 <b>4489A LUKE AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4489A LUKE AVE</b> Suite, Apt. #, etc.	
22 <b>DESTIN, FLORIDA</b> City & State 23 <b>32541</b> 24 <b>USA</b> Zip Country		27 <b>DESTIN, FLORIDA</b> City & State 28 <b>32541</b> 29 <b>USA</b> Zip Country	
9. Name and Address of Current Registered Agent <b>PETERMANN, RICHARD P. 25 WALTER MARTIN ROAD FT. WALTON BEACH FL 32548</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. PVS ODOM, JAY 1965 HWY 98 E DESTIN FL <input checked="" type="checkbox"/> DELETE 2. T ODOM, JAY 1965 HWY 98 E DESTIN FL <input checked="" type="checkbox"/> DELETE 3. T ODOM, EMILY 83 MEIGS DRIVE SHALIMAR FL <input checked="" type="checkbox"/> DELETE 4. T COHEN, CLIFF 76 STINGRAY DESTIN FL <input checked="" type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MATTHEW D. REZMER 1.3 STREET ADDRESS 4489A LUKE AVE 1.4 CITY-ST-ZIP DESTIN, FL 32541 2.1 TITLE U/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME JANE SCHWARTZ 2.3 STREET ADDRESS 4471D LUKE AVE 2.4 CITY-ST-ZIP DESTIN, FL 32541 3.1 TITLE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME MATTHEW WARNER 3.3 STREET ADDRESS 4493A LUKE AVE 3.4 CITY-ST-ZIP DESTIN, FL 32541 4.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME JACKIE GABRIEL 4.3 STREET ADDRESS 4463D LUKE AVE 4.4 CITY-ST-ZIP DESTIN, FL 32541 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. <b>SIGNATURE: Matthew D. Rezmer MATTHEW D. REZMER 3/16/97 (904) 654-1046</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073611			



CR2E037 (9/96)