

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46694** (8)

1. Corporation Name

CRYSTAL BEACH COTTAGES PHASE II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**NEWMAN-DAILEY RESORT
91 OLD HWY 98, SUITE 210
DESTIN FL 32541
US**

**NEWMAN-DAILEY RESORT
P O BOX 1779
DESTIN FL 32540
US**



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-05/23/96--01027--000

***61.25

3. Date Incorporated or Qualified **01/06/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 225 Main Street

26 225 Main Street

4. FEI Number
59-3103266

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 3

27 Suite 3

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 Destin, FL

28 Destin, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 32541

25 Okaloosa

29 32541

30 Okaloosa

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, LORETTA W
91 OLD HIGHWAY 98
SUITE 210
DESTIN FL 32541**

81 Name Tanner, Jo
82 Street Address (P.O. Box Number is Not Acceptable)
225 Main Street
83 Suite 3
84 City Destin

FL 85 Zip Code 32541

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

Jo Tanner *Jo Tanner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

4/8/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

**NAME PD
STREET ADDRESS REAVES, BILL
CITY-ST-ZIP 4443 CLIPPER COVE
DESTIN FL**

1.2 NAME

**PD
Aitken, James Graham
4493 Clipper Cove**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

**TITLE VPD
NAME HAYTER, BOB
STREET ADDRESS 4472 LUKE AVENUE
CITY-ST-ZIP DESTIN FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

**TITLE ST
NAME ABRAHAM, TERESA
STREET ADDRESS 4435 CLIPPER COVE
CITY-ST-ZIP DESTIN FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

**TITLE ASD
NAME TEPPER, STEVE
STREET ADDRESS P O BOX 5475 N/A
CITY-ST-ZIP DESTIN FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

**TITLE TD
NAME HANCOCK, STEVE
STREET ADDRESS 44 HAMPTON CIRCLE
CITY-ST-ZIP NICEVILLE FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Destin, FL. 32541

TD

Pangle, Herbert

80 Lanman Rd.

Niceville, Fl. 32578

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)