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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46694 (8)

1. Corporation Name

CRYSTAL BEACH COTTAGES PHASE II HOMEOWNER'S ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

225 MAIN ST.
STE 3
DESTIN FL 32541
US225 MAIN ST.
STE 3
DESTIN FL 32541-2550
US3. Date Incorporated or Qualified
01/06/19923a. Date of Last Report
05/23/1996

2. Principal Place of Business

21 Dale E. Peterson Realty, Inc.
Suite, Apt. #, etc.

22 321 Hwy 98 East

23 Destin, FL

24 32541

25 USA

2a. Mailing Address

26 % Dale E. Peterson Realty, Inc.
Suite, Apt. #, etc.

27 321 Hwy 98 East

28 Destin, FL

29 32541

30 USA

4. FEI Number

59-3103266

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

TANNER, JO
225 MAIN ST.
STE 3
DESTIN FL 32541

81 Name

Deborah McNey

82 Street Address (P.O. Box Number is Not Acceptable)

% Dale E. Peterson Realty, Inc.

83 City

321 Hwy 98 East

84 State

Destin

FL

85 Zip Code
3254111. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME AITKEN, JAMES G
STREET ADDRESS 4493 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541☐ DELETETITLE VPD
NAME MAI, MARK
STREET ADDRESS 4482 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541☐ DELETETITLE ST
NAME NOBLIN, RENEE
STREET ADDRESS 4494 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541☐ DELETETITLE ASD
NAME DONCHEY, STEVE
STREET ADDRESS 4460 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541☐ DELETETITLE TD
NAME PANGLE, HERBERT
STREET ADDRESS 80 LANMAN RD.
CITY-ST-ZIP NICEVILLE FL 32578☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition14. 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.SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073741

CR2E037 (9/96)