

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 11 1998 8:00 am
Secretary of State

DOCUMENT # N46694 (8)

1. Corporation Name

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



Principal Place of Business

Mailing Address

DALE E. PETERSON REALTY, INC.
321 HWY. 98 EAST
DESTIN FL 32541
US

C/O DALE E. PETERSON REALTY, INC.
321 HWY. 98 EAST
DESTIN FL 32541
US

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

59-3103266

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 SAME
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNEY, DEBORAH
C/O DALE E. PETERSON REALTY, INC.
321 HWY 98 EAST
DESTIN FL 32541

81 Name

SAME

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

83

84 City

FL

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

Deborah Mcney

(NOTE: Registered Agent signature required when reinstating)

DATE

01-27-98

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

1.1 TITLE PRESIDENT/DIRECTOR
1.2 NAME JAMES G. AITKEN
1.3 STREET ADDRESS 4493 CLIPPER COVE
1.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE VPD
NAME MAI, MARK
STREET ADDRESS 4462 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE VICE PRESIDENT/DIRECTOR
2.2 NAME FRANK SIMS
2.3 STREET ADDRESS 4490 CLIPPER COVE
2.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE ST
NAME NOBLIN, RENEE
STREET ADDRESS 4494 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541

3.1 TITLE SECRETARY/DIRECTOR
3.2 NAME STACEY BLAND
3.3 STREET ADDRESS 4473 CLIPPER COVE
3.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE ASD
NAME DONCHEY, STEVE
STREET ADDRESS 4460 CLIPPER COVE
CITY-ST-ZIP DESTIN FL 32541

4.1 TITLE ASST. SECRETARY/DIRECTOR
4.2 NAME BEN CARILLO
4.3 STREET ADDRESS 4461 CLIPPER COVE
4.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE TD
NAME PANGLE, HERBERT
STREET ADDRESS 80 LANMAN RD.
CITY-ST-ZIP NICEVILLE FL 32578

5.1 TITLE TREASURER/DIRECTOR
5.2 NAME KEN MCCARTHY
5.3 STREET ADDRESS 4430 CLIPPER COVE
5.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

J.H. Carter

26 1998

Dep 61.25

CR2E037 (10/97)