

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90014 026 \*\*\*\*61.25

DOCUMENT # N46694

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME AITKEN, JAMES G  
STREET ADDRESS 4493 CLIPPER COVE  
CITY-ST-ZIP DESTIN FL 32541

☒ DELETE

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

☒ DELETE

TITLE SD  
NAME STACEY BRADY  
STREET ADDRESS 4494 CLIPPER COVE  
CITY-ST-ZIP DESTIN FL 32541

☒ DELETE

TITLE ASD  
NAME BEN CARILLO  
STREET ADDRESS 4460 CLIPPER COVE  
CITY-ST-ZIP DESTIN FL 32541

☒ DELETE

TITLE TD  
NAME KEN MCCARTHA  
STREET ADDRESS 4460 CLIPPER COVE  
CITY-ST-ZIP DESTIN FL 32541

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME BRADY, MICHAEL  
1.3 STREET ADDRESS 4473 CLIPPER COVE  
1.4 CITY-ST-ZIP DESTIN, FL 32541

☒ Change ☐ Addition

2.1 TITLE VPD  
2.2 NAME SUMS, FRANK  
2.3 STREET ADDRESS 4490 CLIPPER COVE  
2.4 CITY-ST-ZIP DESTIN, FL 32541

☒ Change ☐ Addition

3.1 TITLE SD  
3.2 NAME MCGILL, SANDI  
3.3 STREET ADDRESS 4485 CLIPPER COVE  
3.4 CITY-ST-ZIP DESTIN, FL 32541

☒ Change ☐ Addition

4.1 TITLE ASD  
4.2 NAME MUNKER, LISA  
4.3 STREET ADDRESS 4465 CLIPPER COVE  
4.4 CITY-ST-ZIP DESTIN, FL 32541

☒ Change ☐ Addition

5.1 TITLE TD  
5.2 NAME RENBARGER, PAUL  
5.3 STREET ADDRESS 4474 CLIPPER COVE  
5.4 CITY-ST-ZIP DESTIN, FL 32541

☒ Change ☐ Addition

6.1 TITLE D  
6.2 NAME MOLLER, JAMES  
6.3 STREET ADDRESS 4489 CLIPPER COVE  
6.4 CITY-ST-ZIP DESTIN, FL 32541

☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

*Michael A. Brady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99

850-837-8790

Date

Daytime Phone #

CR2E037 (5/99)