



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90660 010 \*\*\*\*61.25

<b>DOCUMENT # N46694</b> 1. Entity Name <b>CRYSTAL BEACH COTTAGES PHASE II HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 172 DESTIN FL 32540 US</b>			Mailing Address <b>P.O. BOX 172 DESTIN FL 32540 US</b>		
2. Principal Place of Business <b>4424 Clipper Cove</b>		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		<b>04292004 Chg-NP CR2E037 (10/03)</b>	
City & State <b>Destin FL</b>		City & State 		4. FEI Number <b>59-3103266</b>	
Zip <b>32541</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PLEAT, DAVID 4477 LEGENDARY DR., STE #202 DESTIN, FL 32541</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Make check payable to Florida Department of State</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, ROGER 4461 CLIPPER COVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D BENNETT, ROGER 4461 Clipper Cove Destin FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAND, ERWINI 4487 CLIPPER COVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HILL, OLE 4483 Clipper Cove Destin FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEETZ, DAVID 4474 CLIPPER COVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAND, ERWIN 4487 Clipper Cove Destin FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINE, JOY 4458 CLIPPER COVE DESTIN, FL 32544	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILL, SANDY 4485 CLIPPER COVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, Gloria 4449 Clipper Cove Destin FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEVIN, JAN 3413 OAK CANYON DR. BIRMINGHAM, AL 35243	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Roger Bennett</u> <b>Roger Bennett</b> <u>5/3/04</u> <u>850-269-1788</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					