

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90373 015 ****61.25

DOCUMENT # N46694

1. Entity Name
**CRYSTAL BEACH COTTAGES PHASE II HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**4424 CLIPPER COVE
DESTIN FL 32541 US**

Mailing Address
**PO BOX 172
DESTIN FL 32540 US**

00016253



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3103266

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLEAT, DAVID
4477 LEGENDARY DR., STE #202
DESTIN, FL 32541**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BENNETT, ROGER
4461 CLIPPER COVE
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HILL, OLE
4483 CLIPPER COVE
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAND, ERWIN
4487 CLIPPER COVE
DESTIN, FL 32541** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Tectz, David
4474 Clipper Cove
Destin, FL 32541** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FINE, JOY
4458 CLIPPER COVE
DESTIN, FL 32544** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
Brady, Michael
4473 Clipper Cove
Destin, FL 32541** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HILLIARD, GLORIA
4449 CLIPPER COVE
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

OLE A. HILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20 APR 06 850-269-0769