

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46694

FILED  
Apr 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4424 CLIPPER COVE  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 172  
DESTIN, FL 32540 US

**New Mailing Address:**

**FEI Number:** 59-3103266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: TEETZ, DAVID  
Address: 4474 CLIPPER COVE  
City-St-Zip: DESTIN, FL 32541

Title: VD ( ) Delete  
Name: BRADY, MICHAEL  
Address: 4473 CLIPPER COVE  
City-St-Zip: DESTIN, FL 32541

Title: PD ( ) Delete  
Name: MOOSOS, GREG  
Address: 4451 CLIPPER COVE  
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete  
Name: WILLIAM, THEISS  
Address: 4475 CLIPPER COVE  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: BRADY, MICHAEL  
Address: 4473 CLIPPER COVE  
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change ( ) Addition  
Name: MOOSOS, GREG  
Address: 4451 CLIPPER COVE  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BRADY

P

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date