May 29, 2003 8:00 am Secretary of State

5/5

2003 NOT-	FOR-PROFIT	CORPOR	ATION
UNIFORM	BUSINESS	REPORT (UBR)

SIGNATURE:

05-05-2003 90150 025 ****61.25 **DOCUMENT # N46694** 1. Entity Name CRYSTAL BEACH COTTAGES PHASE II HOMEOWNER'S ASSO Principal Place of Business Mailing Address P.O. BOX 172 P.O. BOX 172 DESTIN FL 32540 **DESTIN FL 32540** 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3103266 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLEAT, DAVID Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DR., STE #202 DESTIN FL 32541 City 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, byped or profed name of registered agent and title if applicable (NOTE: Requirement Ament signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Change ☐ Addition TITLE TITLE TEETZ, DAVID NAME NAME Bennett, Roger 4474 CLIPPER COVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Change Addition TITLE Delete TITLE HILL OLE NAME NAME 4483 CLIPPER COVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Delete Change ☐ Addition TITLE TITLE Teetz David 4474 Clipper Cove BENNETT, ROGER NAME STREET ADDRESS 4461 CLIPPER COVE STREET ADORESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Fine, Joy 4458 Ci HILLIARD, GLORIA NAME 4449 CLIPPER COVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MCGILL, SANDY NAME NAME 4485 CLIPPER COVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition SHEVIN, JAN NAME NAME STREET ADDRESS 3413 OAK CANYON DR. STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35243 CITY-ST-ZIP 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 9 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 trusted employeered 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 exprowered.