

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 045 ****61.25

DOCUMENT # N49495 1. Entity Name WATERVIEW TOWERS YACHT CLUB OWNERS' ASSOCIATION, INC.					
Principal Place of Business 200 GULF SHORE DR DESTIN, FL 32540			Mailing Address 200 GULF SHORE DR DESTIN, FL 32540		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3137687			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRASHEARS, JOHN A CAM 200 GULF SHORE DR. DESTIN, FL 32541			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;"> FL Zip Code </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: <u><i>John A. Brashears</i></u> (JOHN A. BRASHEARS) Association Mgr. 3/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JUSTIN		NAME	JONES, JUSTIN	
STREET ADDRESS	200 GULF SHORE DR #221		STREET ADDRESS	200 GULF SHORE DR #221	
CITY-ST-ZIP	DESTIN, FL 32540		CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANA, PAMELA		NAME	DANA, PAMELA	
STREET ADDRESS	2626 E PARK AVE #20304		STREET ADDRESS	200 GULF SHORE DR #323	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERSHING, RICHARD		NAME		
STREET ADDRESS	1370 SUMMIT RD		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30004		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCKSBARG, LARRY		NAME	BUCKSBARG, LARRY	
STREET ADDRESS	31 PINECREST DR		STREET ADDRESS	31 PINECREST DR	
CITY-ST-ZIP	COVINGTON, LA 70433		CITY-ST-ZIP	COVINGTON, LA 70433	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, DON		NAME		
STREET ADDRESS	P. O. BOX 987		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, MS 39095		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BAIISMITH, JACK	
STREET ADDRESS			STREET ADDRESS	200 GULF SHORE DR #721	
CITY-ST-ZIP			CITY-ST-ZIP	DESTIN, FL 32541	
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: <u><i>Ray Buck</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-21-08 <small>Date Daytime Phone #</small>		