

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000647

1. Entity Name

THE SHORES OF CRYSTAL BEACH OWNER'S ASSOCIATION,

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90140 001 ***220.00

Principal Place of Business

Mailing Address

P.O. BOX 1735
DESTIN FL 32540

P.O. BOX 1735
DESTIN FL 32540-1735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2889804

Applied For

Not Applicable

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

PETERMAN, RICHARD P
25 WALTER MARTIN ROAD
FT WALTON BEACH FL 32548

Name JAY ODOM

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

4652 GULF STARR

City DESTIN

FL

Zip Code 32541

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ODOM, JAY A
STREET ADDRESS 1965 HWY 98 E
CITY-ST-ZIP DESTIN FL 32540

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

TITLE D ☐ Delete
NAME COHEN, CLIFF
STREET ADDRESS 1965 HWY 98 E
CITY-ST-ZIP DESTIN FL 32540

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

TITLE D ☐ Delete
NAME ODOM, EMILY
STREET ADDRESS 1965 HWY 98 E
CITY-ST-ZIP DESTIN FL 32540

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE REQUIRED

2-28-00

850 654 4126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)