

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90127 049 \*\*\*\*61.25

**DOCUMENT # N97000000513**

1. Corporation Name

**CHERRY HILL OF WALTON COUNTY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

117 PARADISE ISLAND DRIVE  
DEFUNIAK SPRINGS FL 32433

Mailing Address

117 PARADISE ISLAND DRIVE  
DEFUNIAK SPRINGS FL 32433

9/841 - 90127 - 49



2. Principal Place of Business

21 Suite, Apt. #, etc.  
43 Laird Rd.

22 City & State  
Crestview, FL

23 Zip  
32539

2a. Mailing Address

26 Suite, Apt. #, etc.  
43 Laird Rd.

27 City & State  
Crestview, FL

28 Zip  
32539

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

59-3426325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

PERMENTER, WILLIAM D  
117 PARADISE ISLAND DRIVE  
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

Crestview

FL

85

Zip Code  
32539

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PERMENTER, WILLIAM D  
STREET ADDRESS 236 SABINE DRIVE  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE STD  
NAME PERMENTER, ELIZABETH A  
STREET ADDRESS 236 SABINE DRIVE  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE VD  
NAME MURPHY, TERRI  
STREET ADDRESS 107 SMITH ROAD  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Elizabeth A Permenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99 (82) 892-2103  
Date Daytime Phone #

CR2E037 (11/98)