

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90010 022 \*\*\*\*61.25

**DOCUMENT # N97000004377**

1. Entity Name  
**CAMP WALTON VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**227 ALCONESE AVE SE  
UNIT C  
FORT WALTON BEACH, FL 32548**

Mailing Address  
**227 ALCONESE AVE SE  
UNIT C  
FORT WALTON BEACH, FL 32548**

**50002729**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-3460763**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FARVER, DOUGLAS  
227 ALCONESE AVE SE UNIT C  
FORT WALTON BEACH, FL 32548**

Name

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

City

**FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete  
NAME WILLIAMS, MATT  
STREET ADDRESS 225 ALCONESE AVE SE #A  
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE ☐ Change ☒ Addition  
NAME D Gayle Marr  
STREET ADDRESS 225 Alconese Ave #D  
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE S ☐ Delete  
NAME FLASCO, MIKE  
STREET ADDRESS 229 ALCONESE AVE SE #D  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE TD ☐ Delete  
NAME FARVER, DOUGLAS  
STREET ADDRESS 228 ALCONESE AVE SE #C  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ☐ Change ☒ Addition  
NAME D Robert Schneidenbach  
STREET ADDRESS 225 Alconese Ave #F  
CITY-ST-ZIP Fort Walton Beach, FL 32548

TITLE D ☐ Delete  
NAME SCIRETTA, ROBERT  
STREET ADDRESS 229 ALCONESE AVE SE #A  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE D ☒ Delete  
NAME HOLDEN, ROGER  
STREET ADDRESS 227 ALCONESE AVE SE #B  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:** Douglas Farver (Douglas Farver) 1/10/05 (850)882-0609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #