

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-16-2003 90174 050 ****61.25

DOCUMENT # N97000004377

1. Entity Name

CAMP WALTON VILLAGE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

**228 BROOKS STREET
SUITE B
FORT WALTON BEACH FL 32548**

Mailing Address

**228 BROOKS STREET
SUITE B
FORT WALTON BEACH FL 32548**

2. Principal Place of Business

227 Alconese Ave SE

3. Mailing Address

227 Alconese Ave SE

Suite, Apt. #, etc.

Unit C

Suite, Apt. #, etc.

Unit C

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32548

Country

US

Zip

32548

Country

US

4. FEI Number **59-3460763**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C
5 CLIFFORD DR.
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name **Douglas Farver**

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

227 Alconese Ave SE Unit C

City

Fort Walton

FL

Zip Code

32548

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

Douglas Farver

Douglas Farver

11 Apr 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PSID**
NAME **MYERS, SUSAN S**
STREET ADDRESS **31 BAY DRIVE SE**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548** ☒ Delete

TITLE **D**
NAME **RISALUATO, THOMAS J**
STREET ADDRESS **348 MIRACLE STRIP PARWAY SW**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548** ☒ Delete

TITLE **D**
NAME **MITCHELL, EARL**
STREET ADDRESS **228 BROOKS STREET, SUITE B**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548** ☒ Delete

TITLE **D**
NAME **JENKINS, VIVIAN**
STREET ADDRESS **2270 ALCONESE ST**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548** ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D President**
NAME **Matt Williams**
STREET ADDRESS **225 Alconese Ave SE # A**
CITY-ST-ZIP **Fort Walton Beach FL 32548** ☐ Change ☒ Addition

TITLE **D Secretary**
NAME **Mike Flasco**
STREET ADDRESS **229 Alconese Ave SE # D**
CITY-ST-ZIP **Fort Walton Beach FL 32548** ☐ Change ☒ Addition

TITLE **D Treasurer**
NAME **Douglas Farver**
STREET ADDRESS **227 Alconese Ave SE # C**
CITY-ST-ZIP **Fort Walton Beach, FL 32548** ☐ Change ☒ Addition

TITLE **D ~~Board~~ Director**
NAME **Gale Mart**
STREET ADDRESS **225 Alconese Ave SE # D**
CITY-ST-ZIP **Fort Walton Beach FL 32548** ☐ Change ☒ Addition

TITLE **D**
NAME **Roger Holden**
STREET ADDRESS **227 Alconese Ave SE # B**
CITY-ST-ZIP **Ft. Walton Beach FL 32548** ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Farver

Date

Daytime Phone # **X322**

CR2037 (10/02)