

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90061 016 \*\*\*\*61.25

**DOCUMENT # N98000002503**

1. Entity Name  
**EL MAR TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**18522 GULF BLVD  
INDIAN SHORES, FL 33785**

Mailing Address  
**18522 GULF BLVD #G  
INDIAN SHORES, FL 33785**

40000011



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

04042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STORY, BILLY L  
18522 A GULF BLVD.  
INDIAN SHORES BEACH, FL 33785**

7. Name and Address of New Registered Agent

Name **Butzin, Jeffery K.**

Street Address (P.O. Box Number is Not Acceptable)  
**18522 GULF BLVD. # D**

City **Indian Shores**

FL

Zip Code  
**33785**

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 **X**

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, 2008**

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 **PD** ☒ Delete  
NAME **STORY, JANICE S**  
STREET ADDRESS **18522 E GULF BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **VPD** ☐ Delete  
NAME **WALKER, RICHARD**  
STREET ADDRESS **18522 GULF BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **TS** ☐ Delete  
NAME **WALKER, BETH**  
STREET ADDRESS **18522B GULF SHORE BLVD.**  
CITY-ST-ZIP **INDIAN SHORES, FL 33785**

TITLE **D** ☐ Delete  
NAME **STORY, BILLY L**  
STREET ADDRESS **18522A GULF BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

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 **(S)** ☐ Change ☒ Addition  
NAME **Butzin, Luigia T.**  
STREET ADDRESS **18522 GULF BLVD. # D**  
CITY-ST-ZIP **Indian Shores, FL 33785**

TITLE **(D)** ☒ Change ☐ Addition  
NAME **WALKER, RICHARD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **(P/T)** ☒ Change ☐ Addition  
NAME **WALKER, BETH**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **(V/D)** ☐ Change ☒ Addition  
NAME **Butzin, Jeffery K.**  
STREET ADDRESS **18522 GULF BLVD. # D**  
CITY-ST-ZIP **Indian Shores, FL 33785**

TITLE ☐ Change ☐ Addition  
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 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #