PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$94551 1. Corporation Name

COASTAL PROPERTIES OF OKALOOSA COUNTY, INC.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90094 049 ***158.75



Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P.O. BOX 447 VALPARAISO FL 32580 P.O. BOX 447 VALPARAISO FL 32580							
			L 32580		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/15/1991		1
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21	26				59-3147265	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75	Additional
22	27				5Certifcate of Status Desired 🔏	Fee Re	aquired
<u> </u>		City & State	& State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	. Country Zip		Country		8. This corporation owes the current year li	ntangible	بد
24	25	29	30		Personal Property Tax.		XNo
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	d Agent	
EL EA	MNO CAROLVAI		8	1 Name			j
	AING, CAROLYN		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
157 JOHN SIMS PARKWAY		,					
VALP	PRIASO FL 32580	•	8	3			
			8	4 City		. 85 Zip (Code
			1	1	F	▙▕▁▕▁	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized b	y the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	ointment as re	gistered
	Signature, typed or printed name of registered age			ent signature requi	red when reinstating) DATE	NE DIDECTO	DDC IN 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P CAROLINA D	☐ DELETE	1.1 TITLE			Change	
NAME	FLEMING, CAROLYN D		1.2 NAM	ſ			j
STREET ADDRESS	500 GULFSHORE DR., #622		•	ET ADDRESS			ļ
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY			Change	Addition
TITLE	ST	☐ DELETE	2.1 TITLE	Į.	•	[_] Criange	
NAME	FLEMING, WILLIAM M		2.2 NAM	i			1
STREET ADDRESS	500 GULFSHORE DR., #622		1	ET ADDRESS	المنظمين والمعتب المسابق والمستعيدة والمعتبات		
CITY-ST-ZIP	DESTIN FL 32541	□ DOLOTE		-ST-ZIP		Change	Addition
THILE		☐ DELETE	3.1 TITLE			CT 21mile	
NAME			3.2 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY			☐ Change	Addition
TITLE		☐ VELEIE	4.1 TITLE			المارد ت	
NAME			4.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETÉ	4.4 C/TY			[] Change	[] Addition
TITLE		רו הפרכוב	5.1 TITLE 5.2 NAM	1		LJ Shange	☐ . WO(((o)))
NAME			-	ET ADDRESS			l
STREET ADDRESS			5.4 CITY	1			İ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	☐ Addition
πιε		□ betcie	6.2 NAM	1			
NAME				ET ADDRESS		•	}
STREET ADDRESS	•		6.4 CITY	ľ			
CITY-ST-ZIP	1		0.4 0[11	V1-21			

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 607, 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:

A CONTRACTOR OF THE PROPERTY O