

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728596

Entity Name: CASA DEL MAR TOWNHOUSE ASSOCIATION, INC.**Current Principal Place of Business:**4 MIRACLE STRIP PKWY., S.W.
FT WALTON BCH, FL 32548**Current Mailing Address:**4 MIRACLE STRIP PKWY., S.W.
FT WALTON BEACH, FL 32548 US**FEI Number:** 59-1604533**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORAN, KIM A
4 MIRACLE STRIP PKWY #18
FORT WALTON BEACH, FL 32548 US*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.***SIGNATURE:** KIM A. MORAN

02/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHAPLIN, ROBERT
Address 4 MIRACLE STRIP PKWY., S.W. #24
City-State-Zip: FT WALTON BCH FL 32548

Title PRESIDENT
Name SRINGFIELD, JOHN
Address 4 MIRACLE STRIP PKWY SW, #26
City-State-Zip: FORT WALTON BEACH FL 32548

Title T
Name MORAN, KIM
Address 4 MIRACLE STRIP PKWY., S.W.
 #18
City-State-Zip: FT WALTON BCH FL 32548

Title S
Name REAMES, JOSEPH
Address 4 MIRACLE STRIP PKWY #22
City-State-Zip: FORT WALTON BEACH FL 32548

Title OTHER
Name ADDAIR, MARY ELIZABETH
Address 4 MIRACLE STRIP PKWY., S.W.
City-State-Zip: FT WALTON BCH FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM MORAN**TREASURER**

02/10/2014

Electronic Signature of Signing Officer/Director Detail

Date