

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768009

**Entity Name:** COSTA VISTA HOMEOWNERS' ASSN., INC.**Current Principal Place of Business:**2362 SCENIC GULF DR.  
DESTIN, FL 32550**Current Mailing Address:**PO BOX 2613  
FORT WALTON BEACH, FL 32549 US**FEI Number:** 57-0893268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOWNER, DEBBIE  
29C MIRACLE STRIP PARKWAY SW  
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:** DEBBIE FOWNER

03/02/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | MCCOY, RICHARD        |
| Address         | 8042 LAKECREST DRIVE  |
| City-State-Zip: | JACKSONVILLE FL 32256 |

|                 |                     |
|-----------------|---------------------|
| Title           | T                   |
| Name            | CHITJIAN, SANDY     |
| Address         | 3266 MIDDLESAX DR   |
| City-State-Zip: | LONG GROVE IL 60047 |

|                 |                            |
|-----------------|----------------------------|
| Title           | MGR                        |
| Name            | FOWNER, DEBBIE             |
| Address         | 29C MIRACLE STRIP PKWY SW  |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

|                 |                           |
|-----------------|---------------------------|
| Title           | VP                        |
| Name            | MCGRUDER, DANNY           |
| Address         | 11 DRIFTWOOD RD<br>UNIT 6 |
| City-State-Zip: | MIRAMAR BEACH FL 32550    |

|                 |                  |
|-----------------|------------------|
| Title           | S                |
| Name            | GATES, JULIE     |
| Address         | 2604 HERITAGE DR |
| City-State-Zip: | JASPER AL 35504  |

*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:** DEBBIE FOWNER

MGR

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date