

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05445

**FILED**  
**Apr 03, 2017**  
**Secretary of State**  
**CC5360925664**

**Entity Name:** TWO HUNDRED WEST CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

200 MIRACLE STRIP PKWY.  
FT. WALTON BCH., FL 32548

**Current Mailing Address:**

PO BOX 2613  
FORT WALTON BEACH, FL 32549 US

**FEI Number: 59-2521351**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RDF ASSOCIATES, INC.  
200 MIRACLE STEP PARKWAY, APT. 701  
FT. WALTON BCH, 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**

**04/03/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name CORBIN, LINDA  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title T  
Name MANLEY, RICHARD  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title P  
Name DAWSON, STUART  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title D  
Name BROWN, TERRY  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title MGR  
Name FOWNER, DEBBIE  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

Title VP  
Name ANDERSON, CARL  
Address PO BOX 2613  
City-State-Zip: FORT WALTON BEACH FL 32549

*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**

**CAM**

**04/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date