

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90390 005 ****61.25

DOCUMENT # 727647

1. Entity Name

SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**900 GULF SHORE DR.
 DESTIN FL 32541
 US**

**P.O. BOX 414
 DESTIN FL 32540
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1647251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINSON, MARY
 8 RUE D'ETRETAT
 DESTIN FL 32541**

Name **RAYMOND F. NEWMAN, JR.**

Street Address (P.O. Box Number is Not Acceptable)

37 Paradise Village

348 Miracle Strip Pkwy. Suite 7

City **Ft. Walton Beach, Fl. FL 32548**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P/D LUTHER, JEFFREY**
 STREET ADDRESS **2714 CRANDALL COURT**
 CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE ☐ Change ☒ Addition
 NAME **D WARBURTON, JACK**
 STREET ADDRESS **900 GULF SHORE DR.**
 CITY-ST-ZIP **DESTIN, FLORIDA 32541**

TITLE ☐ Delete
 NAME **VP/D O'BRIEN, GREGORY**
 STREET ADDRESS **2468 LARK STREET**
 CITY-ST-ZIP **NEW ORLEANS LA 70122**

TITLE ☐ Change ☒ Addition
 NAME **D DESSIE DAVIS**
 STREET ADDRESS **900 GULF SHORE DRIVE**
 CITY-ST-ZIP **DESTIN, FLORIDA 32541**

TITLE ☐ Delete
 NAME **T/D POPE, GEORGE W**
 STREET ADDRESS **757 HWY. 98 EAST #14302**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☒ Addition
 NAME **D BETTY BRYANT**
 STREET ADDRESS **7211 HARTLAND AVE.**
 CITY-ST-ZIP **HOUSTON, TX. 77055**

TITLE ☒ Delete
 NAME **DCM WILKINSON, MARY**
 STREET ADDRESS **8 RUE DE ETRETAT**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S COBB, KATHY**
 STREET ADDRESS **121 BOYCE DRIVE**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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 exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)