

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90087 044 ****61.25

DOCUMENT # 734979

1. Entity Name

BAYSHORE VILLAS ASSOCIATION OF OKALOOSA COUNTY, INC.



Principal Place of Business

**1017 EVERGLADE DRIVE
P O BOX 161
NICEVILLE FL 32588-7161
US**

Mailing Address

**1017 EVERGLAD DRIVE
P O BOX 161
NICEVILLE FL 32588-7161
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2400821**

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

**MORAN, TRACY
1036 EVERGLADIE DR
NICEVILLE FL 32578**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, SCOTT 936 LINDEN AVE NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADLEY, JUDY 928 LINDEN AVE NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORAN, TRACY 1036 EVERGLADE DR NICEVILLE FL 32578	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nass, Bertram 923 Linden Ave Niceville, FL 32578	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Helen Roberts 932 Linden Ave Niceville, FL 32578	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Tracy Moran **REQUIRED Moran**

2-10-03

850 678 6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)