

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


FILED

03 AUG 18 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 759056**

1. Entity Name  
**NEEDLE RUSH POINT OWNERS ASSOCIATION, INC.**



Principal Place of Business  
17119 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

Mailing Address  
17119 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WATERS, DEBORAH M  
6200 DON CARLOS DR  
PENSACOLA, FL 32507

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **500022370925** Zip Code  
**08/18/03--01022--0121 \*\*61.25**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Initial of Amendment UBR**

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

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | JENKINS, JAMES       |  |
| STREET ADDRESS | 120 LEE DR           |  |
| CITY-ST-ZIP    | AUBURN, AL 36830     |  |
| TITLE          | P                    | <input type="checkbox"/> Delete            |
| NAME           | WOODALL, KEITH       |  |
| STREET ADDRESS | 1805 WHITTESLEY CT   |  |
| CITY-ST-ZIP    | OPELIKA, AL 36801    |  |
| TITLE          | T                    | <input type="checkbox"/> Delete            |
| NAME           | BANSER, ROBERT       |  |
| STREET ADDRESS | 17119 PERDIDO KEY DR |  |
| CITY-ST-ZIP    | PENSACOLA, FL 32527  |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | FORTINBERRY, KEN     |  |
| STREET ADDRESS | 1005 RUE ST. MICHAEL |  |
| CITY-ST-ZIP    | HAMMOND, LA 70403    |  |
| TITLE          | VP                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BOX, GEORGE          |  |
| STREET ADDRESS | 3809 VANNERMAN CT.   |  |
| CITY-ST-ZIP    | ATLANTA, GA 30359    |  |
| TITLE          | S                    | <input type="checkbox"/> Delete            |
| NAME           | LAPP, ROBERTA        |  |
| STREET ADDRESS | 17119 PERDIDA KEY DR |  |
| CITY-ST-ZIP    | PENSACOLA, FL 32607  |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | TREASURER            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JENKINS, JAMES       |  |
| STREET ADDRESS | 120 LEE DR           |  |
| CITY-ST-ZIP    | AUBURN, AL 36830     |  |
| TITLE          | DIRECTOR             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WOODALL, KEITH       |  |
| STREET ADDRESS | 1805 WHITTESLEY CT   |  |
| CITY-ST-ZIP    | OPELIKA, AL 36801    |  |
| TITLE          | PRESIDENT            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BANSER, ROBERT       |  |
| STREET ADDRESS | 17119 PERDIDO KEY DR |  |
| CITY-ST-ZIP    | PENSACOLA FL 32507   |  |
| TITLE          | V. P.                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FORTINBERRY, KEN     |  |
| STREET ADDRESS | 1005 RUE ST. MICHAEL |  |
| CITY-ST-ZIP    | HAMMOND, LA 70403    |  |
| TITLE          | D.                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CAREY HOLLINGSWORTH  |  |
| STREET ADDRESS | 2933 VIRGINIA RD     |  |
| CITY-ST-ZIP    | BIRMINGHAM, GA 35223 |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert M. Waters* 8/10/03. (850) 492-2180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

21 8/18