

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90006 007 ****61.25

DOCUMENT # 759782

1. Entity Name

HUNTINGTON BY-THE-SEA CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

140 MONACO STREET
 DESTIN FL 32550
 US

140 MONACO STREET
 DESTIN FL 32550
 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

59-2216960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGE, CHRIS
140 MONACO STREET, #503
DESTIN FL 32550

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.

SIGNATURE

11/18/02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	STOVER, PETE	
STREET ADDRESS	2021 BANE BERRY DR	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCARTNEY, JOHN	
STREET ADDRESS	232 GREENBRIAR EST DR	
CITY-ST-ZIP	SAINT LOUIS MO 63122	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, EDDIE	
STREET ADDRESS	8325 WALNUT HILL LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAGE, CHRIS	
STREET ADDRESS	140 MONACO ST, #503	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, MIKE	
STREET ADDRESS	140 MONACO ST. #101	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

1-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)