

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764550

1. Entity Name

BEACHWALK VILLAS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90343 024 \*\*\*\*61.25

0094180

Principal Place of Business 10221 HIGHWAY 98. WEST 23 DESTIN FL 32550 US	Mailing Address 10221 HIGHWAY 98. WEST 23 DESTIN FL 32550 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12273 U.S. Hwy. 98, Suite 208	3. Mailing Address 12273 U.S. Hwy. 98, Ste 208
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Destin, FL	City & State Destin, FL
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4. FEI Number 62-1271099	Applied For <input type="checkbox"/> Not Applicable
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Zip 32550	Country USA	Zip 32550	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  EVANS, CHRISTINE EMERALD COAST ASSOC. MGT. 10221 HWY 98 WEST, SUITE 23 DESTIN FL 32550
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7. Name and Address of New Registered Agent Name: Walter D. Scott Street Address (P.O. Box Number is Not Acceptable) 12273 U.S. Hwy. 98 Suite 208 City: Destin FL Zip Code: 32550
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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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STICTELBER, MERLIN 5104 BEACHWALK DR. DESTIN FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLEMAN, JOHN 5190 BEACHWALK DR. DESTIN FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENARY, WATT P.O. BOX 2355 SMYRNA GA 30081 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, LARRY 1021 ST GEORGES WAY FRANKLIN TN 37064 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMENTOR, GLENN 300 STEWART ST LAFAYETTE LA 70501 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, BILL 5166 BEACHWALK DR DESTIN FL 32541 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Hendry, Walt P.O. Box 2355 Smyrna, GA 30081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STD Thompson, Hank 3928 Seven Bark Circle Mountain Brook, AL 35243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Walter D. Scott* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.13.02

Date

850.837.2728

Daytime Phone #

CR2E037 (9/01)