2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # 767299** 1. Entity Name MAINSAIL OWNERS ASSOCIATION, INC. 03-08-2001 90110 004 ****61.25 Principal Place of Business Mailing Address 114 MAINSAIL DRIVE 114 MAINSAIL DRIVE DESTIN FL 32541 DESTIN FL 32541 US HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2331945 Not Applicable \$8.75 Additional ... Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHUMLEY JACK Street Address (P.O. Box Number is Not Acceptable VICKERS, C CLAY 114 MAINSAIL DR **DESTIN FL 32541** 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 Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITI F TITLE NAME ADAMS, CHARLES P. JR. NAME STREET ADDRESS STREET ADDRESS 248 E. CAPITAL STREET CITY-ST-ZIP CITY-ST-ZIP JACKSON MS Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 4 COOSH C CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 3234 ☐ Change ☐ Addition VP ☐ Delete TITLE TITLE MCLENDON, WILLIAM M. NAME NAME STREET ADDRESS STREET ADDRESS 7807 WYNLAKES BLVD CITY-ST-ZIP CITY-ST-ZIP MONTGOMERY AL ___ Change ☐ Addition ☐ Delete TITLE TITLE BURTON, RAYMOND E NAME NAME STREET ADDRESS 3524 WYNWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** Change ☐ Addition □ Delete TITLE SANFORD, EMMETT NAME NAME STREET ADDRESS 445 TOWNBRANCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERNON AL 35592 Addition Change TITLE ☐ Delete TITLE BOX 408 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ASHVILLE 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**