

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90095 023 \*\*\*\*61.25

**DOCUMENT # 771032**

1. Entity Name

**BIENVILLE SQUARE TOWNHOUSE OWNERS' ASSOCIATION,**

Principal Place of Business

Mailing Address

P.O. BOX 1844  
 FT WALTON BCH FL 32549  
 US

P.O. BOX 1844  
 FT WALTON BCH FL 32549-1844  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2591906**

Applied For

Not Applicable

Zip Country

Zip Country

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

CAYER, JOSEPH R  
 115 HUGHES ST E-6  
 FT. WALTON BEACH FL 32548

Name **JOSEPH R. CAYER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**115 HUGHES ST. N.E #E-6**  
**FT. WALTON Bch, FL.**  
 City **FL** Zip Code **32548**

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 *Joseph R. Cayer*

**JOSEPH R. CAYER**

**1-13-2000**

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	P	<input type="checkbox"/> Delete
NAME	CAYER, JOSEPH R	
STREET ADDRESS	115 HUGHES ST E-6	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CUEVAS, CAROLE	
STREET ADDRESS	115 HUGHES ST E-5	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	VERING, E. MARGUERITE	
STREET ADDRESS	115 HUGHES ST, A-6	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAKAR, JOHN J	
STREET ADDRESS	115 HUGHES ST A-4	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, MARANDA	
STREET ADDRESS	115 HUGHES ST B-7	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAKAR, JOHN J	
STREET ADDRESS	115 HUGHES ST A-4	
CITY-ST-ZIP	FT WALTON BCH FL 32548	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAYER, JOSEPH R.	
STREET ADDRESS	115 HUGHES ST, E-6	
CITY-ST-ZIP	FT. WALTON Bch, FL. 32548	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JOANNA M.	
STREET ADDRESS	115 HUGHES ST. D-4	
CITY-ST-ZIP	FT. WALTON Bch, FL 32548	
TITLE	TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERING, E. MARGUERITE	
STREET ADDRESS	115 HUGHES ST A-6	
CITY-ST-ZIP	FT. WALTON Bch, FL. 32548	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAKAR, LILY S.	
STREET ADDRESS	115 HUGHES ST. A-4	
CITY-ST-ZIP	FT. WALTON Bch, FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN JOANNA M.	
STREET ADDRESS	115 HUGHES ST. D-4	
CITY-ST-ZIP	FT. WALTON Bch, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAKAR, JOHN J.	
STREET ADDRESS	115 HUGHES ST. A-4	
CITY-ST-ZIP	FT. WALTON Bch, FL. 32548	

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: *E. MARGUERITE VERING* **E. Marguerite Vering** Jan 13, 2000 (850-243-0444)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)