

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

0018736

**DOCUMENT # 771032**

1. Entity Name

**BIENVILLE SQUARE TOWNHOUSE OWNERS' ASSOCIATION,**

03-19-2001 90457 016 \*\*\*\*61.25

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  
 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. NE # E6**  
**FT. WALTON BEACH FL 32548**

Name **CAYER, JOSEPH R.**

Street Address (P.O. Box Number is Not Acceptable)

**340 KEPNER DR. N.E**

City **FT. WALTON BEACH, FL.** **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 - PRESIDENT**

(NOTE: Registered Agent signature required when re-registering)

**03-14-01**

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  Delete  
 NAME **P CAYER, JOSEPH R**  
 STREET ADDRESS **115 HUGHES ST E-6**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE  Change  Addition  
 NAME **P. CAYER, JOSEPH R.**  
 STREET ADDRESS **340 KEPNER DR. N.E.**  
 CITY-ST-ZIP **FORT WALTON BEACH, FL, 32548**  
 ADDRESS CHANGE

TITLE  Delete  
 NAME **VP MARTIN, JOANNA M**  
 STREET ADDRESS **115 HUGHES ST A6**  
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TSD VERING, E. MARGUERITE**  
 STREET ADDRESS **115 HUGHES ST, A-6**  
 CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE  Change  Addition  
 NAME **TSD KIRKE, PAMELLA A.**  
 STREET ADDRESS **115 HUGHES ST. NE. D-2**  
 CITY-ST-ZIP **FT. WALTON BEACH, FL-32548**

TITLE  Delete  
 NAME **D RAKAR, LILY S**  
 STREET ADDRESS **115 HUGHES ST A-4**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MARTIN, JOANNA M**  
 STREET ADDRESS **115 HUGHES ST. D4**  
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RAKAR, JOHN J**  
 STREET ADDRESS **115 HUGHES ST A-4**  
 CITY-ST-ZIP **FT WALTON BCH FL 32548**

TITLE  Change  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: **E. MARGUERITE VERING** *E. Marguerite Vering* **3/14/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)