

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90085 033 ****61.25

DOCUMENT # N00000004124

1. Entity Name

SUMMER TOWNE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O LARRY STEPHENS
 1717 BROWN AVE.
 PANAMA CITY FL 32401**

**C/O LARRY STEPHENS
 1717 BROWN AVE.
 PANAMA CITY FL 32401**

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

59-3702717

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

**BENNETT, DERRICK
 112 E. THIRD CT.
 PANAMA CITY FL 32401**

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 _____

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	D <input type="checkbox"/> Delete
NAME	STEPHENS, LARRY
STREET ADDRESS	1717 BROWN AVE.
CITY-ST-ZIP	PANAMA CITY FL 32401
TITLE	D <input type="checkbox"/> Delete
NAME	STEPHENS, TERESA
STREET ADDRESS	1717 BROWN AVE.
CITY-ST-ZIP	PANAMA CITY FL 32401
TITLE	D <input type="checkbox"/> Delete
NAME	CARR, MICHAEL V
STREET ADDRESS	302 MOONLIGHT DR.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407
TITLE	D <input type="checkbox"/> Delete
NAME	CARR, LINDA E
STREET ADDRESS	302 MOONLIGHT DR.
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: *TERESA A STEPHENS* 44902 850-234-7112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)