

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0007138

04-03-2002 90198 036 ****61.25

DOCUMENT # N00000006880

1. Entity Name

BLUE MOUNTAIN BEACH COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1042
 SANTA ROSA BEACH FL 32459

P O BOX 1042
 SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3721265**
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, FLYNN D
475 BLUE MOUNTAIN RD
SANTA ROSA BEACH FL 32459

Name **Richard Fowlkes**

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

66 Sand Dunes Rd.

City **Santa Rosa Beach, FL** Zip Code **32459**

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 *Richard D. Fowlkes, President*

3-26-02

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 **PD** Delete
 NAME **ZUCKER, JOHN**
 STREET ADDRESS **33 BLUE WAVE DRIVE**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **HILDRETH, LINDA**
 STREET ADDRESS **686 BLUE MOUNTAIN ROAD**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **D** Change Addition
 NAME **Hildreth, Linda**
 STREET ADDRESS **686 Blue Mountain Rd.**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **TD** Delete
 NAME **FOWLKES, RICHARD**
 STREET ADDRESS **66 SAND DUNES ROAD**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **PD** Change Addition
 NAME **Fowlkes, Richard**
 STREET ADDRESS **66 Sand Dunes Rd**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459-5118**

TITLE **D** Delete
 NAME **BECKER, BONNIE**
 STREET ADDRESS **4240 MONTALVO DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VD** Change Addition
 NAME **Josathan Quinn**
 STREET ADDRESS **71 Dune Top Terrace**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **D** Delete
 NAME **BLACKSHEAR, PAT**
 STREET ADDRESS **103 GULF POINT DRIVE**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CHAPMAN, KAREN**
 STREET ADDRESS **66 SAND DUNES ROAD**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **TD** Change Addition
 NAME **Chapman, Karen**
 STREET ADDRESS **66 Sand Dunes Rd.**
 CITY-ST-ZIP **Santa Rosa Beach, FL 32459-5118**

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: *Richard D. Fowlkes* **3-26-02 850-267-3539**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)