## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 11, 2002 8:00 am Secretary of State DOCUMENT # N01000003719 03-11-2002 90079 027 \*\*\*\*61.25 COTTON TREE TOWNHOMES OWNER'S ASSOCIATION, INC. Mailing Address Principal Place of Business 804 FAIRVIEW DR. 804 FAIRVIEW DR. FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 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 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DONALDSON, JOHNNY R 804 FAIRVIEW DR. FT. WALTON BEACH FL 32548 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees Ĝ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01 Change ☐ Addition ☐ Delete TITLE TITLE NAME DONALDSON, JOHNNY R NAME STREET ADDRESS STREET ADDRESS 804 FAIRVIEW DR. CITY-ST-7IP CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME DONALDSON, JOHNNY R JR STREET ADDRESS STREET ADDRESS 804 FAIRVIEW DR. CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL 32548 Addition Change Delete TITLE TITLE NAME NAME HARAWAY, LINDA STREET ADDRESS STREET ADDRESS 257 VENTURA CIR. CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL 32548 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

2-26-02