AMENDED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004627 TALLAHASSEE, FLORIDA ONE BEACH CLUB DRIVE CONDOMINIUM ASSOCIATION, INC. 000023965130 10/21/03--01036--025 **61.25 Principal Place of Business Mailing Address 15000 EMERALD COAST PARKWAY 15000 EMERALD COAST PARKWAY DESTIN, EL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State CIN & State 4. FEI Number Applied For 01-0605651 Not Applicable Zio Country Zin Country 5. Certificate of Status Desired \$8.75 Additional 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAPLES-LAWDOCK, INC. 4501 TAMIAMI TRAIL NORTH SUITE 300 Street Address (P.O. Box Number is Not Acceptable) **NAPLES, FL 34103** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents ignature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Initial or Amended UBR \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete TITLE 037 (10/02 Jerry King BECNEL, THOMAS R NAME NAME Beach Ctub Dr + 903 15000 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS CITY-51-21P DESTIN, FL 32541 CITY-57-712 STD TITLE ☐ Celete 1016 ☐ Change ☐ Addition OLSEN, RODNEY NAME NAME 15000 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 C/IY-ST-ZIP CITY ST-2P Delete TITLE TITLE Change **≥**Addition Allen Boudreaux Jr MCCOOK, IAN NAME NAME 4628 Folse Dr. 9300 EMERALD COAST PKWY WEST STREET ADDRESS STREET ADDRESS **DESTIN, FL 32560** CITY-ST-ZIP CITY-ST-ZIP 70006 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-2P

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

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