2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90107 012 ****61.25

DOCUMENT # N04236

1. Entity Name

ISLAND BREEZE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
608 SPRADLEY DRIVE TROY AL 36079 US	608 SPRADLEY DRIVE TROY AL 36079 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
104 Wild Ridge	104 Wild Ridge
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Troy, AL	City & State: Troy, AL
Zip: 36079 Country: USA	Zip: 36079 Country: USA

4. FEI Number 58-1635013 ☐ 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
SHERWOOD, JACK 4913 HISPANIOLA DR BOX 7, UNIT NO 1 PANAMA CITY BEACH FL 32408	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SHERWOOD, JACK 608 SPRADLEY DRIVE TROY AL 36079	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Sherwood, JACK 104 Wild Ridge Troy, AL 36079	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TULIS, MARTIN 1314 COUNCIL BLUFF DRIVE ATLANTA GA 30345	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KIMSEY, NORRIS 1300 APRIL DR EVANSVILLE IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Jack Sherwood SIGNATURE REQUIRED 1-13-02 334-670-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #