

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90061 026 ****61.25

DOCUMENT # N16971

1. Entity Name

**SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION, I
NC.**



Principal Place of Business

**1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR FL 32579
US**

Mailing Address

**1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR FL 32579
US**

2. Principal Place of Business

3. Mailing Address

SHALIMAR CENTRE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 235

City & State

City & State

FT. WALTON BCH, FL

Zip

Country

Zip

Country

32549

OKALOOSA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2885294**

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

**WHITE, RICHARD J.
91 COUNTRY CLUB RD.
SHALIMAR FL 32579**

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **BOYETTE, WAYNE T**
STREET ADDRESS **121 DOODLE STREET**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JONES, C. WAYNE**
STREET ADDRESS **121 DOODLE STREET**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DMD** ☐ Delete
NAME **GOODPASTER, HOWARD T**
STREET ADDRESS **101 POQUITO ROAD**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KISER, JAMES R**
STREET ADDRESS **611 N OVERBROOK DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature Required

4/2/03

800-585-4163

CR2E037 (10/02)