

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90001 005 \*\*\*\*61.25

**DOCUMENT # N32761**

1. Entity Name

**LITTLE PINEY ISLAND PROPERTY OWNERS ASSOCIATION.**

Principal Place of Business

Mailing Address

C/O CLYDE W. DAVIS  
 20 S. FIFTH STREET  
 FERNANDINA BEACH FL 32034

C/O CLYDE W. DAVIS  
 20 S. FIFTH STREET  
 FERNANDINA BEACH FL 32034-3902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3035052**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, CLYDE W.  
 20 S. FIFTH STREET  
 FERNANDINA BEACH FL 32034

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: PD  
 NAME: ROBERT CRAVEN  
 STREET ADDRESS: 613 LITTLE PINEY ISLAND PT  
 CITY-ST-ZIP: FERNANDINA BEACH FL 32034  
 Delete

TITLE: VPD  
 NAME: Donna Melogy  
 STREET ADDRESS: 623 Piney Island Drive  
 CITY-ST-ZIP: Fernandina Beach, FL 32034  
 Change  Addition

TITLE: VPD  
 NAME: SAMUEL BOYD  
 STREET ADDRESS: 588 LITTLE PINEY ISLAND PT  
 CITY-ST-ZIP: FERNANDINA BEACH FL 32034  
 Delete

TITLE: D  
 NAME: Eustus W. Morris  
 STREET ADDRESS: 569 Little Piney Island Court  
 CITY-ST-ZIP: Fernandina Beach, FL 32034  
 Change  Addition

TITLE: D  
 NAME: GAY BROWNA  
 STREET ADDRESS: 603 PINEY ISLAND DR  
 CITY-ST-ZIP: FERNANDINA BCH FL 32034  
 Delete

TITLE: D  
 NAME: John Paul Jones  
 STREET ADDRESS: 567 Piney Island Drive  
 CITY-ST-ZIP: Fernandina Beach, FL 32034  
 Change  Addition

TITLE: D  
 NAME: RUDY CAMPANALE  
 STREET ADDRESS: 640 PINEY ISLAND DR  
 CITY-ST-ZIP: FERNANDINA BEACH FL 32034  
 Delete

TITLE: PD  
 NAME: Samuel Boyd  
 STREET ADDRESS: 588 Little Piney Island Point  
 CITY-ST-ZIP: Fernandina Beach, FL 32034  
 Change  Addition

TITLE: SD  
 NAME: HENDERSON, WANDA  
 STREET ADDRESS: 591 PINEY ISLAND DR  
 CITY-ST-ZIP: FERNANDINA BCH FL 32034  
 Delete

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

TITLE: TD  
 NAME: ROOKS, WILLIAM  
 STREET ADDRESS: 594 LITTLE PINEY ISLAND POINT  
 CITY-ST-ZIP: FERNANDINA BCH FL 32034  
 Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 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 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:  Samuel Boyd 03/16/00 904/261-2848  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)