

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90072 024 ****70.00

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DOCUMENT # N32761
 1. Entity Name
LITTLE PINEY ISLAND PROPERTY OWNERS ASSOCIATION,

| | |
|---|---|
| Principal Place of Business C/O CLYDE W. DAVIS 20 S. FIFTH STREET FERNANDINA BEACH FL 32034 | Mailing Address C/O CLYDE W. DAVIS 20 S. FIFTH STREET FERNANDINA BEACH FL 32034 |
|---|---|

00004627



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 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
**DAVIS, CLYDE W.
 20 S. FIFTH STREET
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROBERT CRAVEN 613 LITTLE PINEY ISLAND PT FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SAMUEL BOYD 588 LITTLE PINEY ISLAND PT FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAY BROWNA 603 PINEY ISLAND DR FERNANDINA BCH FL 32034 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUDY CAMPANALE 640 PINEY ISLAND DR FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HENDERSON, WANDA 591 PINEY ISLAND DR FERNANDINA BCH FL 32034 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROOKS, WILLIAM 594 LITTLE PINEY ISLAND POINT FERNANDINA BCH FL 32034 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Samuel S. Boyd 588 Little Piney Island Pt. Fernandina Beach, Fl. 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Steve Sell 614 Little Piney Island Pt. Fernandina Beach, Fl. 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Donna Melogy 623 Piney Island Dr. Fernandina Beach, Fla. 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Peggy Davis 592 Piney Island Dr. Fernandina Beach, Fl. 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John Paul Jones 567 Piney Island Dr. Fernandina Beach, Fl. 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 S. Boyd* **Samuel S. Boyd** **1/9/01** **904: 277-6608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)