

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90122 023 ****61.25

DOCUMENT # N51314

1. Entity Name

CAPE SAN BLAS TAXPAYERS ASSOCIATION, INC.



Principal Place of Business

**7081 WINDWARD ST.
PORT SAINT JOE FL 32456
US**

Mailing Address

**P.O. BOX 544
PT. ST JOE FL 32547
US**

2. Principal Place of Business

6062 Anchor Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port St. Joe, FL 32456

4. FEI Number **59-3170257**

Applied For

Not Applicable

Zip
32456

Country
Gulf

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HOOPER, CAROLYN
4815 CAPE SAN BLAS RD
PORT ST. JOE FL 32456**

7. Name and Address of New Registered Agent

Name **William McGee**

Street Address (P.O. Box Number is Not Acceptable)

6062 Anchor Lane

City

Port St. Joe

FL

Zip Code
32456

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

William McGee

William McGee, President

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, JULIA 7081 WINDWARD ST PORT SAINT JOE FL 32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONROY, MARY A 825 SECLUDED DUNES DR PORT SAINT JOE FL-32456	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSS, PRESTON 6143 NASSAU LANE PORT SAINT JOE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William McGee 6062 Anchor Lane Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles Weston 6112 Cape San Blas Road Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Andrea Heard 652 Seacliffs Drive Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gary Ross 420 Treasure Drive Port St. Joe, FL 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Trish Petrie 140 Painted Pony Road Port St. Joe, FL 32456	<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:

Trish Petrie **RECEIVED**

1/13/03

850-227-2160

CR2E037 (10/02)