## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

## DOCUMENT # N95000005419 Jan 28, 2000 8:00 am Secretary of State WINDANCER COMMUNITY ASSOCIATION, INC. 01-28-2000 90162 045 \*\*\*\*61.25 Mailing Address Principal Place of Business DALE E. PETERSON REALTY INC. DALE E. PETERSON REALTY INC. 321 HWY 98 EAST 321 HWY 98 EAST DESTIN FL 32541 **DESTIN FL 32541-2323** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3368858 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCNEY, DEBORAH L DALE E. PETERSON REALTY INC. 321 HWY 98 EAST City Zip Code FL DESTIN FL 32541 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 MOTE: Registered Agent signature required when reinstating Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE **VD** Delete TITI F SCHINZ, FREDDIE MAKE NAME STREET ADDRESS STREET ADDRESS 727 HIGHWAY 98E CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 Change ☐ Addition TITLE PD Delete TITLE NAME FRITZ. APFEL NAME STREET ADDRESS STREET ADDRESS 412 HENREDON HILL CITY-ST-ZIP CITY-ST-ZIP PEACH TREE CITY FL 30269 Change ☐ Addition Delete TITLE STD TITLE CARRINGTON, GERRY NAME NAME GUIFSTARR DR. #104 STREET ADDRESS STREET ADDRESS 2326 EDGEMERE LAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 30062-8404 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in the corporation of the corporation of 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 in the corporation of the corporat