

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004617

1. Entity Name

THE RETREAT OF SOUTH WALTON COUNTY HOMEOWNERS AS

Principal Place of Business

415 BECKRICH ROAD
SUITE 350
PANAMA CITY BEACH FL 32407

Mailing Address

415 BECKRICH ROAD
SUITE 350
PANAMA CITY BEACH FL 32407-9699

2. Principal Place of Business

3. Mailing Address

1096 OLD HWY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE C102B

City & State

City & State
DESTIN FL

Zip

Country

Zip
32541

Country
USA

4. FEI Number

59-3401095

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

Name

DAVID W. BELL

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

1096 OLD HWY 98, STE C102B

City

DESTIN

FL

Zip Code
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

DAVID W. BELL, AGENT

04-04-00

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 D ☐ Delete
NAME RESTER, JAMES
STREET ADDRESS 415 BECKRICH ROAD, SUITE 350
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

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

TITLE D ☒ Delete
NAME HOWELL, LEWIS
STREET ADDRESS 415 BECKRICH ROAD, SUITE 350
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE SD ☐ Change ☒ Addition
NAME BRIDGET WAGNON
STREET ADDRESS 415 BECKRICH RD, STE 350
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE D ☒ Delete
NAME GREENE, WM. BRITTON
STREET ADDRESS 415 BECKRICH ROAD, SUITE 350
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE VPD ☒ 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 850-654-1818

Date

Daytime Phone #

CR2E037 (9/99)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90917 005 ****61.25

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DO NOT WRITE IN THIS SPACE