

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90011 001 \*\*\*\*61.25

**DOCUMENT # N96000004617**

1. Entity Name

**THE RETREAT OF SOUTH WALTON COUNTY HOMEOWNERS AS**

Principal Place of Business

Mailing Address

~~415 BECKRICH ROAD~~  
~~SUITE 350~~  
~~PANAMA CITY BEACH FL 32407~~

1096 OLD HWY 98  
 STE C102B  
 DESTIN FL 32541

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
 1096 OLD HWY 98

Suite, Apt. #, etc.

City & State  
 SUITE C102B

City & State

4. FEI Number

59-3401095

Applied For

Not Applicable

Zip  
 32550

Country  
 US

Zip  
 32550

Country  
 US

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

BELL, DAVID W  
 1096 OLD HWY 98 STE C102B  
 SUITE 350  
 DESTIN FL 32541

Name

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

City

FL

Zip Code

32550

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

03-25-01

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

TITLE DP  Change  Addition  
 NAME SPARKS, CRAIG  
 STREET ADDRESS PO BOX 1468  
 CITY-ST-ZIP SANTA ROSA BEACH FL 32459-1468

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

TITLE DST  Change  Addition  
 NAME MOODY, HORACE  
 STREET ADDRESS PO BOX 13678  
 CITY-ST-ZIP TALLAHASSEE FL 32317-3678

TITLE VPD  Delete  
 NAME GREENE, WM. BRITTON  
 STREET ADDRESS 415 BECKRICH RD STE 350  
 CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE D  Change  Addition  
 NAME McNEILL, PHILLIP  
 STREET ADDRESS 9194 BLUFF TOP COVE  
 CITY-ST-ZIP CORDOVA TN 38018

TITLE VO  Delete  
 NAME In.  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VB  Change  Addition  
 NAME Ingram, Jake  
 STREET ADDRESS 107 East Bermuda Dr  
 CITY-ST-ZIP Santa Rosa Beach FL 32459

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Change  Addition  
 NAME Estis, Dennis  
 STREET ADDRESS 106 Comanche Trail  
 CITY-ST-ZIP West Monroe LA 71291

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Change  Addition  
 NAME Slater, James  
 STREET ADDRESS One Cascade Plaza, Ste 2210  
 CITY-ST-ZIP Akron OH 44308-1135

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

850-267-2606

Date

Daytime Phone #

CR2E037 (10/00)