

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90060 008 \*\*\*\*61.25

**DOCUMENT # N96000004617**

1. Entity Name

**THE RETREAT OF SOUTH WALTON COUNTY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~1096 OLD HWY 98~~  
~~SUITE C102B~~  
 DESTIN FL 32550  
 US

~~1096 OLD HWY 98~~  
~~SUITE C102B~~  
 DESTIN FL 32550  
 US

2. Principal Place of Business

3. Mailing Address

~~1096 Scenic Gulf Drive~~  
~~GRANDSHORES MANAGEMENT GROUP, INC.~~

~~1096 Scenic Gulf Drive~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Suite C-102 B~~

~~1096 Scenic Gulf Drive~~

City & State

City & State

~~DESTIN FL~~

~~DESTIN FL~~

Zip

Country

Zip

Country

~~32550~~

~~USA~~

~~32550~~

~~USA~~

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, DAVID W**

~~1096 OLD HWY 98~~ 1096 Scenic Gulf Drive  
 SUITE C102B  
 DESTIN FL 32550

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

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	DP	<input type="checkbox"/> Delete
NAME	SPARKS, CRAIG	
STREET ADDRESS	P O BOX 1468	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459-1468	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MOODY, HORACE	
STREET ADDRESS	P O BOX 13678	
CITY-ST-ZIP	TALLAHASSEE FL 32317-3678	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEILL, PHILLIP	
STREET ADDRESS	9194 BLUFF TOP COVE	
CITY-ST-ZIP	CORDOVA TN 38018	
TITLE	VD	<input type="checkbox"/> Delete
NAME	INGRAM, JAKE	
STREET ADDRESS	107 EAST BERMUDA DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTIS, DENNIS	
STREET ADDRESS	106 COMANCHE TRAIL	
CITY-ST-ZIP	WEST MONROE LA 71291	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLATER, JAMES	
STREET ADDRESS	ONE CASCADE PLAZA SUITE 2210	
CITY-ST-ZIP	AKRON OH 44308-1135	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	67 West Bermuda Drive	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOW, CHRIS	
STREET ADDRESS	164 Blue Lupin Way # 223	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moore, Mike	
STREET ADDRESS	89 Ventana Blvd	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINS, HAL	
STREET ADDRESS	PO Box 165	
CITY-ST-ZIP	SOUTH HAVEN, MS 38671	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THURBER, DAWN	
STREET ADDRESS	110 PALM BAY BLVD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	

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

2/6/02 850-267-2606

Date

Daytime Phone #

CR2E037 (9/01)