

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005894

1. Entity Name

TOWNHOMES BY THE GULF AT SAN PEBBLE HOMEOWNERS A

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90111 043 ****61.25

Principal Place of Business

Mailing Address

4741 BAY BLVD.
 PT. RICHEY FL 34668

4741 BAY BLVD.
 PT. RICHEY FL 34668-6186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARKHAM, JAMES D
~~4800 MILE STRETCH DR~~
~~HOLIDAY FL 34690~~

Name

SAME

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

10730 U.S. 19 SWR # 17

City

PORT RICHEY, FL

FL

Zip Code

34668

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

James D. Markham

4/5/00

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	DP	<input type="checkbox"/> Delete
NAME	MARKHAM, JAMES D	
STREET ADDRESS	4800 MILE STRETCH DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILES, RICHARD E	
STREET ADDRESS	4800 MILE STRETCH DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MARKHAM, JUDY L	
STREET ADDRESS	4800 MILE STRETCH DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10730 U.S. 19 #17	
CITY-ST-ZIP	PR, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10730 U.S. 19 #17	
CITY-ST-ZIP	P.R. FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10730 U.S. 19 #17	
CITY-ST-ZIP	P.R. FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James D. Markham

4/5/00

727-842-5996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)