

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002290

1. Entity Name

BLUE MOUNTAIN BEACH CONDOMINIUM OWNERS' ASSOCIAT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09-12-2000 90234 049 *****61.25

00 OCT -9 AM 10:26

Principal Place of Business: 35008 EMERALD COAST PARKWAY STE. 400 DESTIN FL 32541
Mailing Address: 35008 EMERALD COAST PARKWAY STE. 400 DESTIN FL 32541

A0076252



2. Principal Place of Business: 164 Blue Lupine Way
3. Mailing Address: 12273 US Hwy. 98

Suite, Apt. #, etc.: Suite 208

City & State: Santa Rosa Beach, FL Destin, Florida

Zip: 32459 Country: USA Zip: 32550 Country: USA

DO NOT WRITE IN THIS SPACE
4. FEI Number: 59-3644138 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: MCGILL, ROBERT E III, 38008 EMERALD COAST PARKWAY ST 301, DESTIN FL 32541

7. Name and Address of New Registered Agent: Name: Walter Dan Scott, Street Address: 12273 US Hwy. 98, Suite 208, City: Destin, 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: [Signature] DATE: 9-1-00

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: DPT NAME: FORBES, JAMIE III STREET ADDRESS: 144 W. COUNTRY CLUB DR. CITY-ST-ZIP: DESTIN FL 32541	<input checked="" type="checkbox"/> Delete	TITLE: P/D NAME: MIKE TAYLOR STREET ADDRESS: 610 Grand Boulevard CITY-ST-ZIP: DESTIN FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVS NAME: DONALD, RUTLAND W STREET ADDRESS: 35008 EMERALD COAST PARKWAY STE 40 CITY-ST-ZIP: DESTIN FL 32541	<input type="checkbox"/> Delete	TITLE: V/D NAME: DONALD, RUTLAND STREET ADDRESS: 10065 US Hwy 98, Suite C-4 CITY-ST-ZIP: DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: CRAUL, BRUCE STREET ADDRESS: 35008 GERALDO COAST PKY STE 400 CITY-ST-ZIP: SANTA ROSA FL 32541	<input checked="" type="checkbox"/> Delete	TITLE: T/D NAME: Henry Maclin, III STREET ADDRESS: 610 Grand Blvd., Suite 150 CITY-ST-ZIP: Destin FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: S/D NAME: TERRY Ooten STREET ADDRESS: 179 Roschill Drive CITY-ST-ZIP: TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: D NAME: Jim Thibadeau STREET ADDRESS: 14488 McLendon Drive CITY-ST-ZIP: Decatur GA 30033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: 9/1/00 DAYTIME PHONE: 850 837-6400