

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90028 044 \*\*\*\*61.25

**DOCUMENT # N98000002683**

1. Entity Name

**THE VILLAS AT SANTA ROSA BEACH OWNERS ASSOCIATIO**

Principal Place of Business

Mailing Address

5200 W. HWY C-304  
 SANTA ROSA BEACH FL 32459  
 US

5200 W. HWY C-304  
 SANTA ROSA BEACH FL 32459  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3521038**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNE ALLEN REALTY**  
**5200 W HWY C30A**  
**SANTA ROSA BEACH FL 32459**

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	D	<input type="checkbox"/> Delete
NAME	TASHIE, GEORGE	
STREET ADDRESS	8925 WINDING WAY DR	
CITY-ST-ZIP	GERMANTOWN TN 38139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITHCELL, LESSLEE	
STREET ADDRESS	247 MULBERRY	
CITY-ST-ZIP	MANDEVILLE LA 70471	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRICHTON, SCOTT	
STREET ADDRESS	501 TEXAS AVE #300D	
CITY-ST-ZIP	SHREVEPORT LA 71101	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCLELLAND, JOAN	
STREET ADDRESS	1108 JUDITH WAH	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMB, MARGARET	
STREET ADDRESS	695 BITTERSWEET TRAIL	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stonie D'briant	
STREET ADDRESS	111 N. Governors Cove	
CITY-ST-ZIP	Hendersonville TN 37075	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Sherry	
STREET ADDRESS	4451 W HWY C-30A #A401	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	

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 my address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURES REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000 901-754-8600  
 Date Daytime Phone #

CR2E037 (9/99)