

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 12, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002551**

1. Entity Name  
 LYNELLE PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 1007 JENKS AVENUE PANAMA CITY 32401	FL	Mailing Address 1007 JENKS AVENUE PANAMA CITY 32401	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-3584138</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent  
 HAMM W. GERALD ESQ.  
 LEDMAN & HAMM, P.A.  
 1007 JENKS AVENUE  
 PANAMA CITY FL 32401 US

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE **09/12/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORTEMOLLER JAMES E			NAME			
STREET ADDRESS	POST OFFICE BOX 28016			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32411			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBOSE DONALD T			NAME			
STREET ADDRESS	POST OFFICE BOX 18439			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32417			CITY-ST-ZIP			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUNTS STEVE G			NAME			
STREET ADDRESS	726 THOMAS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.