

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-24-2002 91272 005 ****61.25

DOCUMENT # N99000002551

1. Entity Name

LYNDELL PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1007 JENKS AVENUE
 PANAMA CITY FL 32401

1007 JENKS AVENUE
 PANAMA CITY FL 32401

2. Principal Place of Business

12215 Lyndell Plantation Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Panama City Beach FL

City & State

4. FEI Number

59-3584138

Applied For

Not Applicable

Zip
 32407

Country
 USA

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

HAMM, W. GERALD ESQ.
 LEDMAN & HAMM, P.A.
 1007 JENKS AVENUE
 PANAMA CITY FL 32401

Name
 Mike Byers

Street Address (P.O. Box Number is Not Acceptable)
 12215 Lyndell Plantation Dr.

City Panama City Beach FL Zip Code 32407

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

Mike Byers

4/30/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD COUNTS, STEVE G 726 THOMAS DRIVE PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOSE, DONALD T POST OFFICE BOX 18439 PANAMA CITY FL 32417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDMAN, THOMAS W 1007 JENKINS AVE PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Mike Byers 12215 Lyndell Plantation Dr. Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stacy Kehl 12232 Lyndell Plantation Dr. Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dexter Gortemoller 12205 Lyndell Plantation Dr. Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Warren 12207 Lyndell Plantation Dr. Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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

4/30/02 850-258-8545
 Date Daytime Phone #