


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90088 018 \*\*\*\*61.25

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N99000002826</b>  |         |      |         |
| 1. Entity Name<br><b>VILLAGES OF ST. MARKS PROPERTY OWNERS' ASSOCIATI<br/>ON, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>247 E 7TH AVE<br/>TALLAHASSEE FL 32301</b>  |         | Mailing Address<br><b>247 E 7TH AVE<br/>TALLAHASSEE FL 32301</b>                      |         |
| 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 <b>59-3663031</b>   |         | Applied For<br>Not Applicable   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>   |         | <b>\$8.75</b> Additional Fee Required   |         |
| 6. Name and Address of Current Registered Agent   |         | 7. Name and Address of New Registered Agent   |         |
| <b>BARRETT, DAVID A<br/>111 S MONROE ST, 3RD FLOOR<br/>TALLAHASSEE FL 32301</b>   |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. |         |   |         |
| SIGNATURE _____   |         | DATE _____  |         |
| Signature, typed or printed name of registered agent and title if applicable.   |         | (NOTE: Registered Agent signature required when reinstating)                          |         |



CHECK HERE IF MAKING CHANGES

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <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 Florida Department of State</b> |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BARRETT, DAVID A</b><br><b>247 E 7TH AVE</b><br><b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>NOBLIN, MILLARD</b><br><b>247 E 7TH AVE</b><br><b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HARBIN, CASSANDRA</b><br><b>247 E 7TH AVE</b><br><b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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 REQUIRED* 4-7-03 850 681-9674

CR2E037 (10/02)