

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90116 033 \*\*\*\*61.25  
 07-16-2002 90352 004 \*\*\*\*61.25

**DOCUMENT # N99000003288**

1. Entity Name

**FOUNTAIN PLAZA OWNERS ASSOCIATION INC.**

Principal Place of Business

12815 HWY 98 W  
 100  
 DESTIN FL 32541

Mailing Address

PO BOX 1779  
 DESTIN FL 32540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32550

4. FEI Number

59-3620631

Applied For

Not Applicable

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

SMITH, LORETTA W  
 12815 HWY 98 STE 100  
 DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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  
 NAME KING, JOHN A ☐ Delete  
 STREET ADDRESS 4101 INDIAN BAYOU NORTH  
 CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME WILLIAMS, DAVID A ☒ Delete  
 STREET ADDRESS 4120 INDIAN TRAIL  
 CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME SHORES, TIMM R ☒ Delete  
 STREET ADDRESS 217 CALHOUN AVE.  
 CITY-ST-ZIP DESTIN FL 32541

TITLE Director ☐ Change ☒ Addition  
 NAME NICK TSOLIKANAS  
 STREET ADDRESS 12815 Hwy 98 West, Suite 106  
 CITY-ST-ZIP Destin, FL 32550

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE President / Director ☐ Change ☒ Addition  
 NAME Jerry Andrews  
 STREET ADDRESS 415 Gulf Shore Drive, Unit 10  
 CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Vice-Pres. / Director ☐ Change ☒ Addition  
 NAME Richard SHELTON  
 STREET ADDRESS 223 Durango Road 7B  
 CITY-ST-ZIP Destin, FL 32541

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE Pres / Sec / Director ☐ Change ☐ Addition  
 NAME Denise Mohylsky  
 STREET ADDRESS 252 Old Post Road  
 CITY-ST-ZIP Niceville, FL 32578

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]* **SIGNATURE REQUIRED**

CR2E037 (4/02)