

1/19/01-9

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000003791**

1. Entity Name

**DOLPHIN BAY OWNERS ASSOCIATION, INC.****FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90086 044 \*\*\*\*61.25

Principal Place of Business

7100 DOLPHIN BAY BLVD.  
PANAMA CITY FL 32407

Mailing Address

7100 DOLPHIN BAY BLVD.  
PANAMA CITY FL 32407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEL Number

**APPLIED FOR**

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

**HUDLOW, MICHAEL W**  
**900 DOLPHIN HARBOUR DRIVE**  
**PANAMA CITY FL 32407**

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 PD  
NAME HUDLOW, MICHAEL W  
STREET ADDRESS 900 DOLPHIN HARBOUR DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32407 ☐ DeleteTITLE PVD  
NAME HUDLOW, Michael W.  
STREET ADDRESS 900 Dolphin Harbour Dr  
CITY-ST-ZIP Panama City, FL 32407 ☒ Change ☐ AdditionTITLE VD  
NAME SHELTON, HOWARD  
STREET ADDRESS 11619 FRONT BEACH ROAD, UNIT 203  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ DeleteTITLE ~~VD~~ Change  
NAME Mr. Shelton (F)  
STREET ADDRESS  
CITY-ST-ZIP ☐ AdditionTITLE STD  
NAME HUDLOW, JO  
STREET ADDRESS 900 DOLPHIN HARBOUR DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32407 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Michael W. Hudlow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-05-01 233-2101

Daytime Phone #

CR2E037 (10/00)