

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90173 039 \*\*\*\*61.25

**DOCUMENT # 718731**

1. Entity Name

**ORMOND-BY-THE-SEA ASSOCIATION, INC.**



Principal Place of Business

**1601 OCEANSHORE BLVD.  
ORMOND BEACH FL 32176**

Mailing Address

**1601 OCEANSHORE BLVD.  
ORMOND BEACH FL 32176**

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 **59-2314359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FERGUSON, JOAN  
2901 JOHN ANDERSON DR.  
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name **EARL FIRKEL**

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

**1601 OCEANSHORE BLVD 103**

City **ORMOND BEACH**

FL

Zip Code **32176**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **HOBBS, JULIUS**  
STREET ADDRESS **2602 DORNE DR**  
CITY-ST-ZIP **PLANT CITY FL 33566**

☐ Delete

TITLE **SD**  
NAME **LOCKWOOD, DANNY**  
STREET ADDRESS **6495 WHITE MILL RD**  
CITY-ST-ZIP **WESTMINSTER SC 29693**

☐ Delete

TITLE **TD**  
NAME **HUFFAKER, HUGH**  
STREET ADDRESS **7 HIDDEN BROOK LN**  
CITY-ST-ZIP **SIGNAL MOUNTAIN TN 37337**

☒ Delete

TITLE **TD**  
NAME **MOORE, MICHAEL**  
STREET ADDRESS **9411 GRACE LAKE DR.**  
CITY-ST-ZIP **DOUGLASVILLE, GA 30135**

☐ Delete

TITLE **D**  
NAME **ROBERTS, MARGARET**  
STREET ADDRESS **1601 OCEANSHORE BLVD 106**  
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

☐ Delete

TITLE **D**  
NAME **MCLELLAN, JOHN**  
STREET ADDRESS **455 HOLLY HILL RD.**  
CITY-ST-ZIP **OLDSMAR, FL 34627**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
NAME **BRADSHAW, HAROLD**  
STREET ADDRESS **504 SILO VIEW COURT**  
CITY-ST-ZIP **WOODSTOCK, GA 30188**

☐ Change ☐ Addition

TITLE **D**  
NAME **HODNETT, MORRIS**  
STREET ADDRESS **6767 BLACK TWIN COURT**  
CITY-ST-ZIP **RIVERDALE, GA 30274**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 another like empowered.

SIGNATURE: **SEAL REQUIRED**

**2-19-03 386-441-2122**

CR2E037 (10/02)