


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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90094 023 \*\*\*\*61.25

**DOCUMENT # 718783**

1. Entity Name  
**THE BILLOWS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**% ROBERT WHITEHEAD**      **% ROBERT WHITEHEAD**  
**1105 12TH ST**      **1105 12TH ST**  
**VERO BEACH FL 32960**      **VERO BEACH FL 32960**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address

**Elliott Merrill Comm. Mgt.**      **Elliott Merrill Comm. Mgt.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**835 20th Pl.**      **835 20th Pl.**

CHECK HERE IF MAKING CHANGES

City & State      City & State

**VERO BEACH, FL**      **VERO BEACH, FL**

Zip      Country      Zip      Country

**32960**      **Ind. River**      **32960**      **Ind. River**

4. FEI Number **59-1300505**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MERRILL, KAREN**  
**ELLIOTT MERRILL COMMUNITY MANAGEMENT**  
**1105 12TH STREET**  
**VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name  
**Karen Merrill**

Street Address (P.O. Box Number is Not Acceptable)  
**Elliott Merrill Comm. Mgt.**  
**835 20th PLACE**

**VERO BEACH**      **FL**      Zip Code  
**32960**

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 *Karen Merrill*      DATE **3-31-03**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GASSER, ROBERT</b> <b>1180 REEF RD., UNIT B-4</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KEEGAN, PATRICK</b> <b>1180 REEF RD B4</b> <b>VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MURPHY, JOHN</b> <b>1180 REEF ROAD</b> <b>VERO BEACH FL 23963</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIMES, NANCY</b> <b>1180 REEF RD B-1</b> <b>VERO BEACH FL 32963</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENNINGTON, SAM</b> <b>1180 REEF ROAD</b> <b>VERO BEACH FL 32967</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE NAME STREET ADDRESS 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**      **3/26/03**

CR2E037 (10/02)