

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 91189 025 ****61.25

DOCUMENT # 127381
 1. Entity Name: Bello Vista Townhome Association

Principal Place of Business: 3253 Fernwood Street
 Mailing Address: Gulf Breeze, FL 32561

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: 59-1583589 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

8113
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name: Gina E. McLendon
 Street Address (P.O. Box Number is Not Acceptable):
3253 Fernwood Street
 City: Gulf Breeze FL Zip Code: 32561

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: Gina E. McLendon Diana E. McJ... 05/15/01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Luame Barrett</u> <input type="checkbox"/> Delete <u>President</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Nicole Ayres</u> <input type="checkbox"/> Delete <u>Vice President</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Gina E. McLendon</u> <input type="checkbox"/> Delete <u>Secretary / Treasurer</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<u>Luame Barrett</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>President</u> <u>5 Calle Traviesa</u> <u>Pensacola Beach, FL 32561</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Nicole Ayres</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Vice President</u> <u>3249 Fernwood Street</u> <u>Gulf Breeze FL 32561</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Gina E. McLendon</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Secretary / Treasurer</u> <u>3253 Fernwood Street</u> <u>Gulf Breeze, FL 32561</u>
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
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: Gina E. McLendon Diana E. McJ... 05/15/01 (850) 934-7256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)