

2001 UNIFORM BUSINESS REPORT (UBR)

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

0018484

DOCUMENT # 732891

1. Entity Name

MOSSEY COVE TOWNHOUSE OWNERS' ASSOCIATION, INC.

02-20-2001 90089 045 ****61.25

Principal Place of Business

Mailing Address

3871 INDIAN TRAIL:
 DESTIN FL 32541
 US

3871 INDIAN TR
 DESTIN FL 32541

C0023456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2047230

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~DEFOE, ROBERT~~
~~3871 INDIAN TRAIL~~
~~DESTIN FL 32541~~

Name

R. M. McCLARY

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

3871 INDIAN TRAIL, 2A

City

DESTIN, FL

FL

Zip Code

32541

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

R. M. McClary

2/18/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **NIX, HARRIET**
 STREET ADDRESS **3871 INDIAN TRAIL**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☒ Delete
 NAME ~~HUMPHARY, RALPH~~
 STREET ADDRESS ~~3871 INDIAN TRAIL~~
 CITY-ST-ZIP ~~DESTIN FL 32541~~

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

TITLE **S** ☐ Delete
 NAME **LEEBETTER, KENNETH**
 STREET ADDRESS **3871 INDIAN TRAIL**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
 NAME **DEFOE, ROBERT**
 STREET ADDRESS **3871 INDIAN TRAIL**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **SD** ☐ Delete
 NAME **MCGUIRE, WILLIAM**
 STREET ADDRESS **3871 INDIAN TRAIL**
 CITY-ST-ZIP **DESTIN FL**

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

TITLE ☐ Delete
 NAME **R. M. McCLARY**
 STREET ADDRESS **3871 INDIAN TRAIL**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☒ Addition
 NAME **R. M. McCLARY**
 STREET ADDRESS **3871 INDIAN TRAIL**
 CITY-ST-ZIP **DESTIN FL 32541**

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:

R. M. McClary **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/01 (850) 837-2462

Date

Daytime Phone #

CR2E037 (10/00)