1/29

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State
01-29-2002 90048 025 ****61.25

DOCUMENT # 732891

1. Entity Name

MOSSEY COVE TOWNHOUSE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3871 INDIAN TRAI: DESTIN FL 32541 US	3871 INDIAN TR DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

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 59-2047230 ☐ 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
MCCLARY, R. M. 3871 INDIAN TRAIL 2A DESTIN FL 32541	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~NIX, HARRIET~~ ~~3871 INDIAN TRAIL~~ ~~DESTIN FL 32541~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARONER, JULIANNE 3871 INDIAN TRAIL DESTIN, FL 32541	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D MCCLARY, R. M. 3871 INDIAN TRAIL DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~LEDBETTER, KENNETH~~ ~~3871 INDIAN TRAIL~~ ~~DESTIN FL 32541~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~CHRISTINE~~ SMITH, CHRISTINE 3871 INDIAN TRAIL DESTIN, FL 32541	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~DEFOE, ROBERT~~ ~~3871 INDIAN TRAIL~~ ~~DESTIN FL 32541~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEFOE, ROBERT 3871 INDIAN TRAIL DESTIN, FL 32541	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~MCGUIRE, WILLIAM~~ ~~3871 INDIAN TRAIL~~ ~~DESTIN FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCGUIRE, WILLIAM 3871 INDIAN TRAIL DESTIN, FL 32541	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 1/14/02 (850) 837-2463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #