

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90048 027 ****61.25

DOCUMENT # 733216			
1. Entity Name ASSOCIATION OF SOUTHBAY BY THE GULF CONDOMINIUM, INC.			
Principal Place of Business 940 HWY 98 EAST P O BOX 246 DESTIN FL 32541 US		Mailing Address 940 HWY 98 EAST P O BOX 246 DESTIN FL 32541 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2607446		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent DOSS, GENE 940 HIGHWAY 98, EAST, UNIT 130 P.O. BOX 1882 DESTIN FL 32540		7. Name and Address of New Registered Agent Name MIKE SCROGGINS Street Address (P.O. Box Number is Not Acceptable) 3885 SANDPRINT DRIVE City DESTIN FL Zip Code 32541	
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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 *M.D. Scroggins* **M.D. SCROGGINS** 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OTHS, JOSEPH A 105 E SOUTH ST JACKSON OH 45840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTHS, JOSEPH A 1262 MEADOW LEA BATON ROUGE, LA. 70808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWPORT, GEORGE P.O. BOX 624 N/A ATHENS TN 37303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM ANDERSON 1090 CHEATHAM HILL ROAD MARIETTA, GA. 30064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSS, GENE 940 HIGHWAY 98 EAST, UNIT 130 DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD STOCKER 413 LIVINGSTON DRIVE NEW LENOX, IL. 60451 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIDWELL, DOUG 19680 BIRMINGHAM HIGHWAY ALPHARETTA GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OBIE WARE 940 HWY 98 EAST #16 DESTIN, FL. 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRICK, ROY 4390 OVERLAND TRAIL KETTERING OH <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANDY JORDAN 1117 MONARDA WAY ACWORTH, GA. 30102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCROGGINS, MICHAEL 3885 SANDPRINT DR DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKE SCROGGINS 3885 SANDPRINT DRIVE DESTIN, FL. 32541 <input checked="" 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: *M.D. Scroggins* **M.D. SCROGGINS** 850-650-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)