


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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90067 012 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number **59-2607446** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SCROGGINS, MIKE
3885 SANDPRINT DRIVE
DESTIN FL 32541**

7. Name and Address of New Registered Agent
Name
OBIE WARE
Street Address (P.O. Box Number is Not Acceptable)
1771 SMUGGLERS COVE DR WEST
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Obie Ware* (NOTE: Registered Agent signature required when reinstating) DATE **1-13-03**

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	D OTHS, JOSEPH A 1262 MEADOW LEA BATON ROUGE LA 70808	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JIM 1090 CHEATHAM HILL ROAD MARIETTA GA 30064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKER, LEONARD 413 LIVINGSTON DRIVE NEW LENOX IL 60451	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIDWELL, DOUG 19680 BIRMINGHAM HIGHWAY ALPHARETTA GA 30004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, CANDY 1117 MONARDA WAY ACWORTH GA 30102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCROGGINS, MICHAEL 3885 SANDPRINT DR DESTIN FL 32541	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER FOSETR 785 CAMBRIDGE CREST LANE ALPHARETTA, GA. 30005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEONARD STOCKER 413 LIVINGSTON DRIVE NEW LENOX, IL. 60451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN BALL 3785 NEW YORK AVE DOUGLASVILLE, GA. 30135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBIE WARE 1771 SMUGGLERS COVE DR WEST GULF BREEZE, FL. 32561	<input type="checkbox"/> Change <input checked="" 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: *Obie Ware* 1-13-03 850 837-6127

CR2E037 (10/02)