# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2002 8:00 am**
**Secretary of State**
05-22-2002 90077 023 ****61.25

DOCUMENT # 740696

1. Entity Name

THE KENTUCKY CLUB CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1536 SOUTH OCEAN DRIVE<br>VERO BEACH FL 32963-2357 | 1536 SOUTH OCEAN DRIVE<br>VERO BEACH FL 32963-2357 |

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 61-0941606 ☐ 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 |
|---|---|
| MCHUGH JR., JOHN JOSEPH<br>333 17TH ST., SUITE U<br>VERO BEACH FL 32960 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | PD<br>CRONIN, PHYLLIS<br>1536 S OCEAN DR<br>VERO BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Mike Molloy<br>1536 S. Ocean Dr<br>Vero Beach, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HIXSON, MARTHA<br>1536 S OCEAN DR<br>VERO BCH FL 32963 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>Ray Ludwick<br>1536 S Ocean Dr<br>Vero Beach, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>WILLIAM BELL<br>1536 S.OCEAN DR.<br>VERO BCH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>John Dicken<br>1536 S. Ocean Dr<br>Vero Beach, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>WEBB, DONALD<br>1536 S. OCEAN DR.<br>VERO BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Gary Wallace<br>1536 S. Ocean Dr<br>Vero Beach, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SWEENEY, SHELLY<br>1536 S OCEAN DR<br>VERO BCH FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Betteye Paye<br>1536 S. Ocean Dr<br>Vero Beach, FL | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MULLIS, HAROLD<br>1536 S OCEAN DR<br>VERO BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>Gail Dunmyer<br>1536 S. Ocean Dr<br>Vero Beach, FL | ☐ 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:** Gail L Dunmyer SIGNATURE REQUIRED Gail L. Dunmyer 4/28/02 772-231-6717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #