

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753268

1. Entity Name

BAYVIEW WATERS CONDOMINIUM OWNERS' ASSOCIATION,

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90012 021 ****61.25

Principal Place of Business

Mailing Address

726 N. EGLIN PARKWAY
FT WALTON BCH FL 32547
US

726 N. EGLIN PARKWAY
FT WALTON BCH FL 32547-3931
US

0002000



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

59-2052460

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

SEXTON, EVA B
726 N. EGLIN PARKWAY
FT. WALTON BCH. FL 32547

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

Eva B. Sexton - Eva B. Sexton - Association Manager

1/26/00

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 PD ☐ Delete
NAME DE JESUS, CYNTHIA I
STREET ADDRESS 726 M EGLIN PKWY
CITY-ST-ZIP FT WALTON BCH FL

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

TITLE VO ☐ Delete
NAME JONES, JIMMY
STREET ADDRESS 909 SUNSET BAY CT
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE D ☐ Delete
NAME BARBOUR, FRANK
STREET ADDRESS 726 N. EGLIN, D-1
CITY-ST-ZIP FT WALTON BCH FL

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

TITLE D ☐ Delete
NAME MCNEAL, EDWARD
STREET ADDRESS 954 SHALIMAR PT DR
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE D ☐ Delete
NAME STOCKER, ALTHEA
STREET ADDRESS 219 COUNTRY CLUB DR
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Eva B. Sexton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 (850)243-6171
Date Daytime Phone #

CR2E037 (9/99)