

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-24-2001 90500 016 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753268

1. Entity Name

BAYVIEW WATERS CONDOMINIUM OWNERS' ASSOCIATION.

Principal Place of Business

726 N. EGLIN PARKWAY
FT WALTON BCH FL 32547
US

Mailing Address

726 N. EGLIN PARKWAY
FT WALTON BCH FL 32547
US

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

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

Deere

Name CYNTHIA I. DEJESUS

Street Address (P.O. Box Number is Not Acceptable)
726 N. Eglin Pkwy 9-B

City FT WALTON Bch

FL

Zip Code 32547

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

Cynthia I. DeJesus

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-18-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PO DE JESUS, CYNTHIA I 726 N EGLIN PKWY FT WALTON BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO JONES, JIMMY 909 SUNSET BAY CT SHALIMAR FL 32579	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOUR, FRANK 726 N. EGLIN, D-1 FT WALTON BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEAL, EDWARD 954 SHALIMAR PT DR SHALIMAR FL 32579	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKER, ALTHEA 219 COUNTRY CLUB DR SHALIMAR FL 32579	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELNA C. GREEN 726 N Eglin Pkwy 11-C FT WALTON Bch FL 32547	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Donna Dewart 726 N Eglin Pkwy 8-B FT WALTON Bch FL 32547	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Kathy Biscarello 726 N Eglin Pkwy B-12 FT WALTON Bch FL 32547	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 is 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:

SIGNATURE OF REGISTERED AGENT

5-18-01

850863-2881

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2037 (10/00)