

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754935

1. Entity Name

MISTY HARBOUR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90013 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7904 SURF DRIVE  
 PANAMA CITY BCH FL 32408  
 US

7904 SURF DRIVE  
 PANAMA CITY BCH FL 32408-7513  
 US

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

59-2138327

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, ANNA  
 7904 SURF DR  
 PANAMA CITY BEACH FL 32408

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

*Anna Mitchell*

4-18-00

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          | P                       | <input type="checkbox"/> Delete |
| NAME           | RODMAN, JOHN P SR.      |                                 |
| STREET ADDRESS | 3603 SHANNON RD.        |                                 |
| CITY-ST-ZIP    | ALBANY GA 31707         |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | PARKER, WINDELL         |                                 |
| STREET ADDRESS | RT 1 BOX 315            |                                 |
| CITY-ST-ZIP    | DAMASCUS GA 31714       |                                 |
| TITLE          | T                       | <input type="checkbox"/> Delete |
| NAME           | GOODELL, BILLIE         |                                 |
| STREET ADDRESS | 1011 11TH ST            |                                 |
| CITY-ST-ZIP    | PLEASANT GROVE AL 35127 |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | WOODS, RON              |                                 |
| STREET ADDRESS | 2100 DATA DR            |                                 |
| CITY-ST-ZIP    | HOOVER AL 35244         |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, CAROL         |                                 |
| STREET ADDRESS | POB 96                  |                                 |
| CITY-ST-ZIP    | IRON CITY GA 31759      |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | DURHAM, EMORY           |                                 |
| STREET ADDRESS | RT #1, BOX 142          |                                 |
| CITY-ST-ZIP    | BLUFTON GA              |                                 |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Wendell Parker          |  |
| STREET ADDRESS | RT Box 315              |  |
| CITY-ST-ZIP    | Damascus Ga 31741       |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BILLIE GOODELL          |  |
| STREET ADDRESS | 1011 11th St            |  |
| CITY-ST-ZIP    | PLEASANT-GROVE AL 35127 |  |
| TITLE          | T                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ALFRED PATTERSON        |  |
| STREET ADDRESS | 2453 BASIN CT           |  |
| CITY-ST-ZIP    | GAINSVILLE GA 30506     |  |
| TITLE          | VP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RAY JARRETT             |  |
| STREET ADDRESS | PO BOX 726              |  |
| CITY-ST-ZIP    | BLAKELY GA 31723        |  |
| TITLE          | SO                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | CAROL WILLIAMS          |  |
| STREET ADDRESS | POB 96                  |  |
| CITY-ST-ZIP    | IRON CITY GA 31759      |  |
| TITLE          | D                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | EMORY DURHAM            |  |
| STREET ADDRESS | RT 1 BOX 142            |  |
| CITY-ST-ZIP    | BLUFTON GA 31742        |  |

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:

SIGNATURE REQUIRED *Billie Goodell* 4-18-00 205-744-9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)