

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90125 009 ****61.25

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1. Entity Name

SHORELINE GARDEN TOWNHOMES OWNERS' ASSOCIATION, INC.



Principal Place of Business

**930 GULF SHORE DR
DESTIN FL 32541**

Mailing Address

**C/O SUNCOAST ASSOC MANAGT
12273 U.S HWY 98 STE 208
DESTIN FL 32541
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1234 Airport Rd.

Suite, Apt. #, etc.

Suite #226

City & State

Destin, FL 32541

4. FEI Number **59-2427747**

Applied For

Not Applicable

Zip

Country

Zip

Country

32541

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

**SCOTT, WALTER D
12273 U.S. HWY 98, STE 208
DESTIN FL 32541**

Name

George Ludington

Street Address (R.O. Box Number is Not Acceptable)

1234 Airport Rd.

Suite #226

City

Destin

FL

Zip Code

32541

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

George Ludington

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **GIBSON, ANN**
STREET ADDRESS **930 GULF SHORE DR #2**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **PD** ☐ Change ☒ Addition
NAME **Barbara Robin**
STREET ADDRESS **930 Gulf Shore Dr. #a1**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **D** ☒ Delete
NAME **NICOLAS, TRAVA**
STREET ADDRESS **543 ASTON VIEW LN**
CITY-ST-ZIP **CLEVES OH 45002**

TITLE **VPO** ☐ Change ☒ Addition
NAME **Wanda Martin**
STREET ADDRESS **930 Gulf Shore Dr., #d23**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **D** ☒ Delete
NAME **MCMAHAN, JUDI**
STREET ADDRESS **1344 WESTMINSTER PL**
CITY-ST-ZIP **BIRMINGHAM AL 35235**

TITLE **TSD** ☐ Change ☒ Addition
NAME **Victor Nicolas**
STREET ADDRESS **930 Gulf Shore Dr., #C17**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **STD** ☒ Delete
NAME **AMBRUSO, DANIEL**
STREET ADDRESS **930 GULF SHORE DR #10**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ Change ☒ Addition
NAME **Sandra Heitmeyer**
STREET ADDRESS **5130 Wesselman Woods Dr.**
CITY-ST-ZIP **Cleves, Ohio 45002**

TITLE **VPD** ☒ Delete
NAME **DAVIS, ROBERT**
STREET ADDRESS **113 ST. CHARLES COURT**
CITY-ST-ZIP **ABITA SPRINGS LA 70420**

TITLE **D** ☐ Change ☒ Addition
NAME **Gary Wolfe**
STREET ADDRESS **5646 Trowbridge Dr.**
CITY-ST-ZIP **Atlanta, GA 30338**

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: *Barbara Robin* **Barbara Robin** **4/4/3** **850 650 8555**

CR2E037 (10/02)