

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90558 016 ****61.25

DOCUMENT # 763205

1. Entity Name

**BAYOU BREEZE CONDOMINIUM, PENSACOLA EXECUTIVE HO
 USE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**300 BAYOU BLVD.
 PENSACOLA FL 32503-6303**

**300 BAYOU BLVD.
 PENSACOLA FL 32503-6303**

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

59-2251621

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

**PETKOVIC, KATHIE
 114 WISH LN
 SANTA ROSA BEACH FL 32459**

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

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 **CROSS, CHARLES D**
 STREET ADDRESS **441 WOODBINE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Linda morton**
 STREET ADDRESS **P.O.Box 5277**
 CITY-ST-ZIP **Destin, FL 32540**

TITLE **SD** ☒ Delete
 NAME **NISSEN, IDA**
 STREET ADDRESS **300 BAYOU BLVD UNIT 306**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Robin Crabtree**
 STREET ADDRESS **P.O. Box 1113**
 CITY-ST-ZIP **Panama City, FL 32402**

TITLE **D** ☐ Delete
 NAME **ROBIN CRABTREE**
 STREET ADDRESS **P.O. BOX 1113 N/A**
 CITY-ST-ZIP **PANAMA CITY FL 32402**

TITLE **Kathie Petkovic** ☒ Change ☐ Addition
 NAME **114 Wish Lane**
 STREET ADDRESS **Santa Rosa Beach, FL 32459**
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **WISH, MARY R**
 STREET ADDRESS **114 WISH LN**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **TD** ☒ Delete
 NAME **LOUSY, KATHIE**
 STREET ADDRESS **114 WISH LANE**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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: *Charles D Cross* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-02

Date

433-2894

Daytime Phone #

CR2E037 (9/01)