2002 UNIFORM BUSINESS REPORT (UBR)

May 30, 2002 8:00 am Secretary of State **DOCUMENT # 767660** 1. Entity Name 05-06-2002 90252 036 ****61.25 BROWNSVILLE STATION HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address OOTUD 611 CÉNTER STREET 611 CENTER STREET UNIT #11 FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2376210 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name SMITH-PLUNKET, LAURIE Street Address (P.O. Box Number is Not Acceptable) **611 CENTER STREET UNIT #11** FORT WALTON BEACH FL 32547 City Zip Code FL 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete TITLE ☐ Change Addition NAME SMITH-PLUNKET, LAURIE NAME STREET ADDRESS 611 CENTER STREET, UNIT #11 STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-7E TITLE ☐ Defete TITLE VICE PRESIDENT Change ☐ Addition NAME -EVANS, NORMAN -NAME STREET ADDRESS 611 CENTER ST #2 STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-ZIP TITLE ☐ Detete TITL F ☐ Change ☐ Addition NAME PATTON, TAMARA NAME STREET ADDRESS 611 CENTER ST #7 STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547 CITY-ST-7IP PRESIDENT ☐ Defete IIII E Addition □ Change NAME NAME J'AMES WAUGH STREET ADDRESS STREET ADDRESS 422 PELHAM ROAD CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH. MLE Oelete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filling 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 eath; 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.

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<u>864</u>