2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90127 046 ****70.00

DOCUMENT # N00000001611

1. Entity Name

THE OAKS AT NICEVILLE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1501 N PARTIN DRIVE NICEVILLE FL 32578	PO BOX 0292 NICEVILLE FL 32588-0292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1501 N. PARTIN DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NICEVILLE, FL 32578	City & State
Zip: 32578 Country: USA	Zip Country

4. FEI Number 59-3698563 ☐ 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
GRIMSLEY, JAMES W 25 WALTER MARTIN RD. N.E. FT. WALTON BEACH FL 32548	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROBERTS, PAUL J 915 E. JOHN SIMS PKWY NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ~~MCELROY, ROBERT E~~ ~~915 E. JOHN SIMS PKWY~~ ~~NICEVILLE FL 32578~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HILL, SHELLEY 1501 N. PARTIN DRIVE UNIT 217 NICEVILLE, FL 32578	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HOWELL, DONNIE 915 E. JOHN SIMS PKWY NICEVILLE FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~SADLER, M. GUY~~ ~~915 E. JOHN SIMS PKWY~~ ~~NICEVILLE FL 32578~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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.

850-609-6062

SIGNATURE: SIGNATURE REQUIRED ROBERT J. WALKER 01-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSOCIATION MANAGER Date Daytime Phone #