

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90050 003 \*\*\*\*61.25

**DOCUMENT # N00000003766**

1. Entity Name

**COURT DEL MAR HOMEOWNERS' ASSOCIATION. INC.**

Principal Place of Business

Mailing Address

**182 DURANGO ROAD  
 DESTIN FL 32541**

**PO BOX 5065  
 DESTIN FL 32540**

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

**59-3652972**

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

**DAVIS, LINDA G  
 174 BOGWOOD ROAD  
 DEFUNIAK SPRINGS FL 32435**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	<b>STD CANNON, ROBERTE 182 DURANGO ROAD DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD TUCKER, RITA 1817 DEL MAR COURT DESTIN FL 32551</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NASH, MARGARET 184 DURANGO ROAD DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Roberte to Roberta</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Linda G Davis* **ASSN. MANAGER** 9/13/02

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE

**2002 UNIFORM BUSINESS REPORT (UBR)**

*Attachment*

DOCUMENT # **N00000003766**

1. Entity Name

**COURT DEL MAR HOMEOWNERS' ASSOCIATION, INC.**

*872648*

Principal Place of Business

Mailing Address

**182 DURANGO ROAD  
DESTIN FL 32541**

**PO BOX 5065  
DESTIN FL 32540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3652972**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**DAVIS, LINDA G  
174 DOGWOOD ROAD  
DEFUNIAK SPRINGS FL 32435**

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  Delete  
NAME **STD CANNON, ROBERTIE**  
STREET ADDRESS **182 DURANGO ROAD**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE  Change  Add/Info  
NAME **Roberte to Roberta**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VPD TUCKER, RITA**  
STREET ADDRESS **1817 DEL MAR COURT**  
CITY-ST-ZIP **DESTIN FL 32551**

TITLE  Change  Add/Info  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD NASH, MARGARET**  
STREET ADDRESS **184 DURANGO ROAD**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE  Change  Add/Info  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add/Info  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add/Info  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add/Info  
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

*Linda G. Davis*

Linda G. Davis, Assn. Manager

4/26/02

Attachment  
Ac. # 872648  
N00000003766

1076  
69-373/632-07

COURT DEL MAR OWNERS ASSOCIATION, INC. 9/00  
P. O. BOX 8085  
DESTIN, FL 32840

4/26/02 DATE

PAY TO THE ORDER OF Florida Department of State \$ 6125 DOLLARS

Twenty one & 25/100

Linda H. Davis

FOR UBC-2002-59-3652972

⑆063203734⑆0038539⑆

1076

**Vanguard Bank**  
33 John Sims Parkway, Winston, FL 32991  
An Affiliate of Suncoast Financial Corp.

SECURITY FEATURES  
SERIAL NO.  
DATE

0 HARM AND CARTRIDGE

Attachment 872648  
Doc. # N00000003766

# Court Del Mar

P. O. Box 5065  
Destin, FL 32540

September 13, 2002

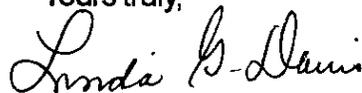
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

I am re-sending our 2002 Uniform Business Report. I say "re-sending" because I mailed the original report on April 26, 2002, along with a check (see enclosures). That check has not cleared our bank account which, coupled with the second request for this report, leads me to believe you did not receive it. If the original report and check should show up, please return the check for our records.

If you have any questions, please call me at 850-585-3460.

Yours truly,



Linda G. Davis  
Association Manager

Igd  
Enclosures

