

FILED
Jul 31, 2003 8:00 am
Secretary of State

05-01-2003 90822 002 ****70.00

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

DOCUMENT # N01000000589

1. Entity Name

BASS LAKE ESTATES OF OKALOOSA COUNTY HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

3298 SUMMIT BLVD., STE. 8
PENSACOLA FL 32503

Mailing Address

3298 SUMMIT BLVD., STE. 8
PENSACOLA FL 32503

55052880

2. Principal Place of Business

3298 Summit Blvd

Suite, Apt. #, etc.

29

3. Mailing Address

3298 Summit Blvd

Suite, Apt. #, etc.

29

☐ CHECK HERE IF MAKING CHANGES

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32503

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS, THEREFA M. H.
3298 SUMMIT BLVD., STE. 8
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

MICHAEL T. BASS

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

3298 Summit Blvd. Ste 8

City

Pensacola FL

FL

Zip Code

32503

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

Michael T. Bass

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE PD
NAME BASS, THEREFA M. H.
STREET ADDRESS 3298 SUMMIT BLVD., STE. 8
CITY-ST-ZIP PENSACOLA FL 32503

TITLE PD
NAME BASS, MICHAEL T.
STREET ADDRESS 3298 SUMMIT BLVD., STE. 8
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D
NAME BASS, PAGE P
STREET ADDRESS 3298 SUMMIT BLVD., STE. 8
CITY-ST-ZIP PENSACOLA FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

MICHAEL T. BASS

MICHAEL T. BASS

4/25/03

850-434-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)