

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004558

FILED  
Sep 10, 2003  
Secretary of State

**Entity Name:** FLAGLER VILLAGE TENANT ASSOCIATION, INC.

**Current Principal Place of Business:**

200 S. WOODLAWN ST.  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

200 S. WOODLAWN ST.  
APT 27  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

200 S. WOODLAWN ST.  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

200 S. WOODLAWN ST.  
C-27  
ST. AUGUSTINE, FL 32095

**FEI Number:** 59-3728057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASHINGTON, E. CHRIS  
1080 PURYEAR ST.  
ST. AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCEO ( ) Delete  
Name: WASHINGTON, E. CHRIS  
Address: 1080 PURYEAR ST.  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DP ( ) Delete  
Name: FREET, KATHLEEN  
Address: 200 S. WOODLAWN APT F-58  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DV ( ) Delete  
Name: GILLIAM, MONDRIC  
Address: 200 S. WOODLAWN APT C-32  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: V ( ) Delete  
Name: LOGAN, MARGARET  
Address: 200 S. WOODLAWN APT. C-32  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: S ( ) Delete  
Name: GIBBS, TOMEKIA  
Address: 200 S. WOODLAWN APT. B-14  
City-St-Zip: AUGUSTINE, FL 32095

Title: S ( ) Delete  
Name: MILLER, CASSANDRA  
Address: 200 S. WOODLAWN APT. E-51  
City-St-Zip: ST. AUGUSTINE, FL 32095

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. CHRIS WASHINGTON

DCEO

09/10/2003

Electronic Signature of Signing Officer or Director

Date