

3/25/1

FILED
May 28, 2002 8:00 am
Secretary of State

03-25-2002 90098 006 ***61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008144

1. Entity Name

NUT ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**135 PROFESSIONAL DR., STE. 101
 PONTE VEDRA BEACH FL 32082**
**135 PROFESSIONAL DR., STE. 101
 PONTE VEDRA BEACH FL 32082**

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

73-3047411

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

Name

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

City

FL

Zip Code

**BARTLETT & DEAL, P.A.
 135 PROFESSIONAL DR., STE. 101
 PONTE VEDRA BEACH FL 32082**

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 date 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	DEAL, BLAKE F M	
STREET ADDRESS	C/O 135 PROFESSIONAL DR., STE. 101	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	DV	<input type="checkbox"/> Delete
NAME	WINGATE, WEST	
STREET ADDRESS	C/O 135 PROFESSIONAL DR., STE. 101	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	DS	<input type="checkbox"/> Delete
NAME	DARCH, DAVID	
STREET ADDRESS	C/O 135 PROFESSIONAL DR., STE. 101	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

Daytime Phone #

CR2E037 (9/01)