

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009098

FILED  
Aug 23, 2003  
Secretary of State

**Entity Name:** W.E. COMBS NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

209 BURNETTE AVENUE NW  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

209 BURNETTE AVENUE NW  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 36-4515122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HENRY, SHARONA  
209 BURNETTE AVENUE NW  
FORT WALTON BEACH, FL 32548 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: TREA ( ) Change (X) Addition  
Name: ROBINSON, RUFUS  
Address: 209 BURNETTE AVE. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DIR ( ) Change (X) Addition  
Name: BRYANT, JAMES  
Address: 216 COMBS MANOR CT. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: DIR ( ) Change (X) Addition  
Name: ROBINSON, TONYA  
Address: 209 COMBS MANOR CT. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: PRES ( ) Change (X) Addition  
Name: HENRY, SHARONA  
Address: 209 BURNETTE AVE. NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VICE ( ) Change (X) Addition  
Name: RICHARDSON, HELEN  
Address: 730 BUTLER RD NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: SECT ( ) Change (X) Addition  
Name: BRYANT, MARY  
Address: 216 COMBS MANOR COURT NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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:** SHARONA HENRY

PRES

08/23/2003

Electronic Signature of Signing Officer or Director

Date