

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

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90132 005 ****61.25

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DOCUMENT # NO4104

1. Entity Name

LULLWATER BEACH CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**301 LULLWATER DR.
PANAMA CITY BEACH FL 32413-2451**

Mailing Address

**301 LULLWATER DR.
PANAMA CITY BEACH FL 32413-2451**

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 **59-2507671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HESS, GLENN L
9108 W. HWY. 98A
PANAMA CITY BCH. FL 32407**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DYE, KATHARINE 113 SAN SOUCI PANAMA CITY FL 32413	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMPSON, SHEILA 425 LULLWATER DR P.C. BEACH FL 32413	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP, JAMES 219 N. STATE ST GENOA IL 60135	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEYTON, ROGER 671 EAST ARCH MADISONVILLE KY 42437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Katharine Dye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/05/03

850-234-8916

Date

Daytime Phone #

CR2E037 (4/03)