

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 23, 2000 8:00 am
Secretary of State

05-20-2000 90005 014 ****70.00

DOCUMENT # N09120

1. Entity Name

BAL ALEX ESTATES PROPERTY OWNER'S ASSOCIATION, N

Principal Place of Business

Mailing Address

% EILEEN C DRAKE
 4180 ALEXANDER AVE
 GULF BREEZE FL 32561

% EILEEN C DRAKE
 4180 ALEXANDER AVE
 GULF BREEZE FL 32561-2903

2. Principal Place of Business

3. Mailing Address

% MELANIE WAITE

% MELANIE WAITE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4247 E SANDY BLUFF DR

4247 E SANDY BLUFF DR

City & State

City & State

Gulf Breeze FL

Gulf Breeze FL

Zip 32561

Country US

Zip 32561

Country US

4. FEI Number

59-2895018

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

DRAKE, EILEEN C
 4180 ALEXANDER AVE
 GULF BREEZE FL 32561

Name % MELANIE WAITE

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

4247 E SANDY BLUFF DRIVE

City

Gulf Breeze

FL

Zip Code

32561

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

Melanie Hotard Waite

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, LEO	
STREET ADDRESS	4252 SANDY BLUFF DR E	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRANNON, THOMAS	
STREET ADDRESS	4170 SANDY BLUFF DR W	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, EILEEN C	
STREET ADDRESS	4180 ALEXANDER AVE	
CITY-ST-ZIP	GULF BREEZE FL	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PAUL, JOHN D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4235 E SANDY BLUFF DRIVE	
STREET ADDRESS	GULF BREEZE, FL 32561	
CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAITE, MELANIE	
STREET ADDRESS	4247 E SANDY BLUFF DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
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		
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 OF OFFICER OR DIRECTOR

4/25/00

850-452-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)