

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90081 015 \*\*\*\*61.25

**DOCUMENT # N09120**

1. Entity Name

**BAL ALEX ESTATES PROPERTY OWNER'S ASSOCIATION, N  
ON-PROFIT, INC.**

Principal Place of Business

Mailing Address

%MELANIE WAITE  
4247 E SANDY BLUFF DR  
GULF BREEZE FL 32561

%MELANIE WAITE  
4247 E SANDY BLUFF DR  
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2895018

Applied For

Not Applicable

Zip

32563

Country

Zip

32563

Country

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

WAITE, MELANIE  
4247 E SANDY BLUFF DR  
GULF BREEZE FL 32561

*Please also  
change Priller's  
zip to 32563*

Name

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

City

FL

Zip Code

32563

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 Waite*

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

(NOTE: Registered Agent signature required when reinstating)

1-30-02

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 PD  
NAME MURPHY, LEO  
STREET ADDRESS 4252 SANDY BLUFF DR E.  
CITY-ST-ZIP GULF BREEZE FL ☒ Delete

TITLE VD  
NAME PRILLER, JOHN  
STREET ADDRESS 4235 E SANDY BLUFF DR  
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE TSD  
NAME MELANIE WAITE  
STREET ADDRESS 4247 E SANDY BLUFF DR  
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE  
NAME KEN MURRAY  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32563 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32563 ☒ Change ☐ Addition

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

TITLE  
NAME KEN MURRAY  
STREET ADDRESS 4234 WILLIAM DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32563 ☐ Change ☒ Addition

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

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:

*Melanie Waite*

MELANIE WAITE

1-30-02

Date

Daytime Phone #

850 934 4080-2  
850-932-8788 H

CR2E037 (9/01)