

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90167 033 ****61.25

DOCUMENT # N13170

1. Entity Name

LONGPOINT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6700 OAK SHORE DR - OFFICE
 PANAMA CITY FL 32404
 US

P.O. BOX 10136
 PARKER FL 32404-1136
 US

80016708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2861942

Applied For

Not Applicable

Zip

Country

Zip

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

SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY FL 32401

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.

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

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 **TD** Delete
 NAME **DAVIS, MICHAEL J**
 STREET ADDRESS **3534 TOKEN ROAD**
 CITY-ST-ZIP **PANAMA CITY FL 32405-3322**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MOORE, MELANIE**
 STREET ADDRESS **5802 MAY FRONT DR**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **MITCHELL, ROSEMARIE**
 STREET ADDRESS **6700 OAK SHORE DR UNIT 104**
 CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **GODWIN, RALEIGH**
 STREET ADDRESS **6700 OAKSHORE DR UNIT 304**
 CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **COMBS, LANORA**
 STREET ADDRESS **958 HUNTINGDON RD**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GORMAN, TOM**
 STREET ADDRESS **6700 OAKSHORE DR UNIT 305**
 CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE Change Delete
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raleigh Godwin 2/3/00 (850) 874-2511

LIST OF OFFICERS AND DIRECTORS NOT LISTED ON FORM

VD
DURRELL EDWARDS
6700 OAK SHORE DR UNIT 104
PANAMA CITY, FL 32404

D
HERSHELL GODWIN
6700 OAK SHORE DR UNIT 202
PANAMA CITY, FL 32404

D
JACK SCHOLDER
4900 - 4TH ST
PARKER, FL 32404
