

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90052 007 \*\*\*\*61.25

**DOCUMENT # N13170**

1. Entity Name

**LONGPOINT I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6700 OAK SHORE DR.  
 UNIT 311  
 PANAMA CITY FL 32404  
 US

6700 OAK SHORE DR.  
 UNIT 311  
 PANAMA CITY FL 32404  
 US

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

**APPLIED FOR**

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

**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: PD  
 NAME: **BAZZEL, DONALD**  Delete  
 STREET ADDRESS: **6700 OAKSHORE DR #102**  
 CITY-ST-ZIP: **PANAMA CITY FL 32404**

TITLE: **D**  
 NAME: **Dwershell Godwin**  Change  Addition  
 STREET ADDRESS: **6700 OAK SHORE DR #202**  
 CITY-ST-ZIP: **PANAMA CITY FL 32404**

TITLE: VPD  
 NAME: **FILSINGER, JEANINE**  Delete  
 STREET ADDRESS: **6700 OAKSHORE DR #101**  
 CITY-ST-ZIP: **PANAMA CITY FL 32404**

TITLE: **D**  
 NAME: **Lester George**  Change  Addition  
 STREET ADDRESS: **6700 OAK SHORE DR #307**  
 CITY-ST-ZIP: **PANAMA CITY FL 32404**

TITLE: TD  
 NAME: **GODWIN, RALEIGH**  Delete  
 STREET ADDRESS: **6700 OAK SHORE DRIVE #304**  
 CITY-ST-ZIP: **PANAMA CITY FL 32404**

TITLE: **A313 S**  
 NAME: **Jean Godwin**  Change  Addition  
 STREET ADDRESS: **6700 OAK SHORE DR #202**  
 CITY-ST-ZIP: **PANAMA CITY FL 32404**

TITLE: S  
 NAME: **LASTER, ROBBIE**  Delete  
 STREET ADDRESS: **6700 OAK SHORE DRIVE #304**  
 CITY-ST-ZIP: **PANAMA CITY FL 32404**

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

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

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

TITLE: D  
 NAME: **SCHOLDER, JACK**  Delete  
 STREET ADDRESS: **4900 4TH ST**  
 CITY-ST-ZIP: **PARKER FL 32404**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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 supplement to 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

1/8/02 850-874-1511

CR2E037 (9/01)