


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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90398 016 \*\*\*\*61.25

**DOCUMENT # N14125**  
1. Entity Name  
**NEALLEY BUSINESS VILLAGE OWNERS' ASSOCIATION, IN**



Principal Place of Business  
**LYNN DRIVE  
SANTA ROSA BEACH FL 32459  
US**

Mailing Address  
**PO BOX 1247  
SANTA ROSA BEACH FL 32459  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2869688**

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

**STENBERG, CYNTHIA T  
56 SPIRES LANE UNIT 17A  
SANTA ROSA BEACH FL 32459**

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BRYANT, GARY</b>	
STREET ADDRESS	<b>111 LYNN DRIVE</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, JACK</b>	
STREET ADDRESS	<b>PO BOX 1204</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLOWAY, JIMBO</b>	
STREET ADDRESS	<b>46 OYSTER LAKE DRIVE</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TANNER, JIM</b>	
STREET ADDRESS	<b>1497 E NURSERY ROAD</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASEY, KERIN</b>	
STREET ADDRESS	<b>182 LYNN DRIVE</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 REQUIRED** *Jimbo Holloway, Treasurer*

CR2E037 (10/02)