

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90122 039 *****61.25

DOCUMENT # N22985

1. Entity Name

WEST PINE ESTATES HOMEOWNERS ASSOCIATION INCORPORATED

Principal Place of Business

**91 EMERSON DR NW
 PALM BAY FL 32901
 US**

Mailing Address

**1296 DALLAM AVE NW
 PALM BAY FL 32907
 US**

2. Principal Place of Business

Community Bible Church

3. Mailing Address

1296 Dallam Ave. NW

Suite, Apt. #, etc.

91 Emerson, NW

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

City & State

Palm Bay, Florida

4. FEI Number

59-2855818

Applied For

Not Applicable

Zip

32907

Country

USA

Zip

32907

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EDMISTON, VIRGINIA
 1296 DALLAM AVE NW
 PALM BAY FL 32907**

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.

SIGNATURE

Virginia T. Edmiston - Virginia T. Edmiston *January 2002*
 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BYRAM, PERCY	
STREET ADDRESS	1025 DALLAM AVE NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDMISTON, VIRGINIA	
STREET ADDRESS	1296 DALLAM AVE. N.W.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MULVIHILL, RONNIE	
STREET ADDRESS	1207 DALLAM AVE NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRUMMOND, NANCY	
STREET ADDRESS	1707 JACOBIN ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, ALWIE	
STREET ADDRESS	1797 LAMBTON ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMAS, BERNADINE	
STREET ADDRESS	1733 SAYNBET ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	

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	
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.

14 Jan. 2002

SIGNATURE:

Virginia T. Edmiston Virginia T. Edmiston *Jan 2002* 321-725-1603
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)