## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # N26700** May 31, 2000 8:00 am Secretary of State 1. Entity Name TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC. 05-31-2000 90008 005 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O SCOTTY ROBERTSON C/O SCOTTY ROBERTSON 1222 TWIN BAY DRIVE 1222 TWIN BAY DRIVE FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547-1888 3, Mailing Address Principal Place of Business FRANK WALKER 10 FRANK WALKER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2354 TWIN BAT 114W Applied For City & State 4. FEI Number MALTON FT. WALTON BCH- FL BUH, FL 63-1004924 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired **OKAUDOSA** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Address (P.O. Box Number is Net Acceptable) MEAD, MICHAEL 24 WALTER MARTIN RD NE FORT WALTON BEACH FL 32548 Zip Code nt for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named e DAIN SIGNATURE nted name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete PD FRANK WALKER 2354 TWIN BAY VIEW Addition TITLE TITLE ROBERTSON, SCOTTY NAME NAME 1222 TWIN BAY DRIVE STREET ADDRESS STREET ADDRESS FT. WALTON BCH. FLA. 32547 CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32547 ☐ Change VPD Delete TITLE carol Horsley GILMORE, W. P. ... NAME NAME 1224 TWIN BAY DR. STREET ADDRESS STREET ADDRESS 2355-TWIN BAY VIEW 32547 CITY-ST-ZIP FT. WALTON BYH: FLA. CITY-ST-ZIP FORT WALTON BEACH FL 32547 Addition Delete ☐ Change TITLE TITLE PETE ROAKE 1211 TWIN BAY DR. KILLINGSWORTH, LISA NAME STREET ADDRESS 1223 TWIN BAY LANE STREET ADDRESS WALTON BCH. FL. CITY-ST-ZIP CITY-ST-ZIE FT WALTON BEACH FL 32547 Delete Change Addition TITLE TITLE PARKTON, MINDY NAME BLYMBERG NAME STREET ADDRESS TWIN BAY WIRW STREET ADDRESS 1219 TWIN BAY LANE CITY-ST-7IP CITY-ST-ZIP FT WALTON BEACH FL 32547 Delete Addition BM ☐ Change TITLE TITLE VASILOFF, DIANE NAME NAME STREET ADDRESS STREET ADDRESS 2356 TWIN BAY VIEW CITY-ST-ZIP CITY-ST-ZIE FT WALTON BEACH FL 32547 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 either like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JACAEQUE SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR