

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90132 007 \*\*\*\*61.25

**DOCUMENT # N26700**

1. Entity Name

**TWIN BAY ESTATES HOME OWNERS' ASSOCIATION, INC.**

Principal Place of Business

C/O FRANK WALKER  
 2354 TWIN BAY VIEW  
 FT. WALTON BEACH FL 32547  
 US

Mailing Address

C/O FRANK WALKER  
 2354 TWIN BAY VIEW  
 FT. WALTON BEACH FL 32547  
 US

2. Principal Place of Business

**Mr. CALVIN GEORGE**

3. Mailing Address

**Mr. CALVIN GEORGE**

Suite, Apt. #, etc.

**1226 TWIN BAY DR**

Suite, Apt. #, etc.

**1226 TWIN BAY DR**

City & State

**FT WALTON BCH, FL**

City & State

**FT WALTON BCH, FL**

Zip

**32547**

Country

**OKALOOSA**

Zip

**32547**

Country

**OKALOOSA**

4. FEI Number

**63-1004924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROAKE, PETER J**  
**1211 TWIN BAY DR.**  
**FORT WALTON BEACH FL 32547**

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

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 **PD** ☒ Delete  
 NAME **WALKER, FRANK**  
 STREET ADDRESS **2354 TWIN BAY VIEW**  
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **VPD** ☒ Delete  
 NAME **HORSLEY, CAROL**  
 STREET ADDRESS **1224 TWIN BAY DR.**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **TD** ☒ Delete  
 NAME **ROAKE, PETE**  
 STREET ADDRESS **1211 TWIN BAY DR.**  
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **S** ☐ Delete  
 NAME **BLUMBERG, GAYLE**  
 STREET ADDRESS **2359 TWIN BAY VIEW**  
 CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **GEORGE, CALVIN**  
 STREET ADDRESS **1226 TWIN BAY DR**  
 CITY-ST-ZIP **FT WALTON BCH, FL 32547**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **LIGHT, HAZEL**  
 STREET ADDRESS **2353 TWIN BAY VIEW**  
 CITY-ST-ZIP **FT WALTON BCH, FL 32547**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **HORSLEY, JAMES**  
 STREET ADDRESS **1224 TWIN BAY DR**  
 CITY-ST-ZIP **FT WALTON BCH, FL 32547**

TITLE **SD** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **D WALKER, FRANK**  
 STREET ADDRESS **2354 TWIN BAY VIEW**  
 CITY-ST-ZIP **FT WALTON BCH, FL 32547**

TITLE ☐ Change ☐ 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: **CALVIN R. GEORGE**, 1/30/01 850-862 4925  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)