

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90061 043 \*\*\*\*61.25

**DOCUMENT # N46539**

1. Entity Name

**NORTH SHORE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1096 OLD HIGHWAY 98  
 SUITE C-102B  
 DESTIN FL 32541  
 US**

**1096 OLD HWY 98  
 SUITE C-102 B  
 DESTIN FL 32541  
 US**

2. Principal Place of Business

3. Mailing Address

**1096 Scenic Gulf Drive**  
 Suite, Apt. #, etc.

**1096 Scenic Gulf Drive**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3103106**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32550**

**32550**

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

**BELL, DAVID W  
 1096 OLD HWY 98  
 SUITE C-102B  
 DESTIN FL 32541**

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 **PO** ☐ Delete  
 NAME **RICE, ROBIN**  
 STREET ADDRESS **637 GOOD SPRINGS RD.**  
 CITY-ST-ZIP **BRENTWOOD TN 37027**

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

TITLE **STD** ☒ Delete  
 NAME **MOSLEY, PATRICIA C**  
 STREET ADDRESS **315 HAYLEY LANE**  
 CITY-ST-ZIP **ANNISTON AL 36206**

TITLE **D** ☐ Change ☒ Addition  
 NAME **D.W. Byrne**  
 STREET ADDRESS **16172 S. Marion**  
 CITY-ST-ZIP **Tulsa, OK 74136**

TITLE **D** ☒ Delete  
 NAME **AYCOCK, CARL**  
 STREET ADDRESS **PO BOX 1276**  
 CITY-ST-ZIP **BROOKHAVEN MS 39801**

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

TITLE **D** ☐ Delete  
 NAME **WHEELER, JONATHAN**  
 STREET ADDRESS **3 DORAL CT.**  
 CITY-ST-ZIP **FRISCO TX 75034**

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

TITLE **DV** ☐ Delete  
 NAME **PETTIS, JEAN**  
 STREET ADDRESS **1368 LAKESHIRE DRIVE**  
 CITY-ST-ZIP **TUPELO MS 38801**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition  
 NAME **William Norman**  
 STREET ADDRESS **510 Innsbrook Est.**  
 CITY-ST-ZIP **Wright City, MO 63390**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (9/01)