

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90217 046 ****61.25

DOCUMENT # N46539

1. Entity Name

NORTH SHORE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1096 SCENIC GULF DRIVE
DESTIN FL 32550
US**

Mailing Address

**1096 SCENIC GULF DRIVE
DESTIN FL 32550
US**

2. Principal Place of Business

215 Grand Blvd

3. Mailing Address

215 Grand Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32550

Country

U.S.

Zip

32550

Country

U.S.

4. FEI Number **59-3103106**

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

215 Grand Blvd

City **Destin**

FL

Zip Code

32550

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

[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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **BYNUE, BW**
STREET ADDRESS **6172 S MARION**
CITY-ST-ZIP **TULSA OK 74136**

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

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

TITLE **DV** ☐ Delete
NAME **NORMAN, WILLIAM**
STREET ADDRESS **510 INNSBROOK EST**
CITY-ST-ZIP **WRIGHT CITY MO 63390**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DST** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2419 Hidden River Lane**
CITY-ST-ZIP **Franklin, TN 37069**

TITLE **Byrne, B.W.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **964 North Shore Dr.**
CITY-ST-ZIP **Destin, FL 32550**

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

CR2E037 (10/02)

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]

1/26/03

850 269-0722