

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90008 020 ****61.25

DOCUMENT # N93000002127

1. Entity Name

FRONT ROW OWNERS' ASSOCIATION, INC.

Principal Place of Business

% ABBOTT REALTY
 35000 EMERALD COAST PKWY
 DESTIN FL 32451

Mailing Address

% ABBOTT REALTY
 35000 EMERALD COAST PKWY
 DESTIN FL 32451

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3085506

Applied For

Not Applicable

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

ABBOTT, STEPHEN J
 506 HIGHWAY 98 E
 DESTIN FL 32541

← Delete

Name

HARRY FREY

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

35000 EMERALD COAST PKWY

City

DESTIN

FL

Zip Code

32541

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

Harry Frey **HARRY FREY ASSN MGR**

2/1/01

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 **D/P** ☐ Delete
 NAME **CARROLL, ROBERT**
 STREET ADDRESS **744 WATERWAY DR.**
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

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

TITLE **D** ☒ Delete
 NAME **ABBOTT, STEPHEN J**
 STREET ADDRESS **506 HIGHWAY 98 E**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **DIRECTOR/SECRETARY** ☐ Change ☒ Addition
 NAME **W.S. HALE**
 STREET ADDRESS **1028 ADAMS ST.**
 CITY-ST-ZIP **LANCASTER, WI. 53813**

TITLE **D/N** ☐ Delete
 NAME **PERRY, LEE**
 STREET ADDRESS **PO BOX 450 (N/A)***
 CITY-ST-ZIP **FREEMONT FL 32439**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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:

Michael Lee Perry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-01 (850) 835-3333

CR2E037 (10/00)