

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300002127

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

59-3085506

Applied For

Not Applicable

Country

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current 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 ASSN MGR*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/01

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE D/P  
NAME CARROLL, ROBERT  
STREET ADDRESS 744 WATERWAY DR.  
CITY-ST-ZIP N. PALM BEACH FL 33408 DeleteTITLE D  
NAME ABBOTT, STEPHEN J  
STREET ADDRESS 506 HIGHWAY 98 E  
CITY-ST-ZIP DESTIN FL 32541 DeleteTITLE DV  
NAME PERRY, LEE  
STREET ADDRESS PO BOX 450 (N/A)\*  
CITY-ST-ZIP FREEPORT FL 32439 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDIRECTOR/SECRETARY  
W.S. HALE  
1028 ADAMS ST.  
LANCASTER, WI. 53813 Change  AdditionTITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850)835-3553

Daytime Phone #

CR2E037 (10/00)