# 2000 UNIFORM BUSINESS REPORT (UBF

**FILED**
**May 11, 2000 8:00 am**
**Secretary of State**
05-11-2000 90076 008 ****61.25

DOCUMENT # N94000000693

1. Entity Name

THE NORTH GULF COAST CHAPTER OF COMMUNITY ASSOCI

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 5013<br>FORT WALTON BEACH FL 32549 | P.O. BOX 5013<br>FORT WALTON BEACH FL 32549-5013 |

DO NOT WRITE IN THIS SPACE

| 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 59-2137895

5. Certificate of Status Desired ☐ **$8.75** Additior Fee Required

**6. Name and Address of Current Registered Agent**

RAYMOND, MARY A
36 TEMPLE AVE
FT WALTON BCH FL 32548

**7. Name and Address of New Registered Agent**

Name Eileen Moran
Street Address (P.O. Box Number is Not Acceptable)
5918 Pinetree Avenue
City Panama City Bch. FL Zip Code 32408

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 Eileen Moran, Chapter Executive Director April 25, 2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>O'DELL, PATSY<br>157 RUSTY GANS DR<br>PANAMA CITY BCH FL 32408 | ☐ Delete | P<br>O'DELL, PATSY<br>157 Rusty Gans Dr<br>Panama City Bch, FL 32408 | ☒ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HUGHES, DEBRA<br>794 SPRING LAKE DR<br>DESTIN FL | ☒ Delete | DVP<br>R. Honey Wheeler<br>P.O. Box 697<br>Destin, Fl. 32540 | ☐ Change ☒ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>FOWNER, ROBERT<br>970 GULF SHORE DRIVE<br>DESTIN FL 32541 | ☒ Delete | SVP<br>Jody Morgan<br>208 Pelican Way Fl<br>Panama City, Bch, 32408 | ☐ Change ☒ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOODWIN, JOLENE<br>1430 W 11TH STREET<br>PANAMA CITY FL 32401 | ☒ Delete | D<br>Ronald Whitfield<br>1333 Hwy 98<br>Ft. Walton Bch, FL 32548 | ☐ Change ☒ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>COVINGTON, BARBARA<br>7020 JASPER RD<br>NAVARRE FL 32566 | ☐ Delete | | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BAWYER, KEVIN D<br>36474 EMERALD COAST PKWY<br>DESTIN FL 32541 | ☐ Delete | TD<br>Bowyer, Kevin<br>36474 Emerald Coast Pkwy<br>Destin, FL 32541 | ☒ Change ☐ |

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 informa 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 dir 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Patsy O'Dell REQUIRED 2-10-00 850-234-65
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #