

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90218 044 ****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
 FORT WALTON BEACH FL 32549

P.O. BOX 5013
 FORT WALTON BEACH FL 32549

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

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

MORAN, EILEEN
5918 PINETREE AVE
PANAMA CITY FL 32408

Name **BARBARA J. PATRELLE**

Street Address (P.O. Box Number is Not Acceptable)
1409 W. Hwy. 98 #401

City **MARY ESTHER** FL Zip Code **32569**

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 Barbara J. Patrelle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/01

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 **P** ☒ Delete
 NAME **O'DELL, PATSY**
 STREET ADDRESS **157 RUSTY GANS DR**
 CITY-ST-ZIP **PANAMA CITY BCH FL 32408**

TITLE **P** ☒ Change ☐ Addition
 NAME **WHEELER, R. HONEY**
 STREET ADDRESS **P.O. BOX 697**
 CITY-ST-ZIP **DESTIN, FL 32540**

TITLE **DVP** ☒ Delete
 NAME **WHEELER, R. HONEY**
 STREET ADDRESS **PO BOX 697**
 CITY-ST-ZIP **DESTIN FL 32540**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **TOM SPARKS**
 STREET ADDRESS **P.O. BOX 9850**
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32417**

TITLE **SD** ☐ Delete
 NAME **MORGAN, JODY**
 STREET ADDRESS **208 PELICAN WAY**
 CITY-ST-ZIP **PANAMA CITY FL 32408**

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

TITLE **D** ☒ Delete
 NAME **WHITFIELD, RONALD**
 STREET ADDRESS **1333 HWY 98**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **D** ☒ Change ☐ Addition
 NAME **ANGELA BALENT**
 STREET ADDRESS **45 NE BEAL PKWY.**
 CITY-ST-ZIP **FT. WALTON BEACH, FL 32549**

TITLE **DVP** ☒ Delete
 NAME **COVINGTON, BARBARA**
 STREET ADDRESS **7020 JASPER RD**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **RON WHITFIELD**
 STREET ADDRESS **1333 MIRACLE STRIP PKWY.**
 CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

TITLE **TD** ☒ Delete
 NAME **BOWYER, KEVIN**
 STREET ADDRESS **36474 EMERALD COAST PKWY**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **TD** ☒ Change ☐ Addition
 NAME **ANNE MAGDIC**
 STREET ADDRESS **348 SW MIRACLE STRIP PKWY.**
 CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

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: Barbara J. Patrelle

4-30-1

CR2E037 (10/00)