

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90389 019 ****61.25

DOCUMENT # N94000000693

1. Entity Name

THE NORTH GULF COAST CHAPTER OF COMMUNITY ASSOCIATIONS INSTITUTE, INC.

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

4. FEI Number

59-2137895

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATRELLE, BARBARA J
1409 W HWY 98 #401
MARY ESTHER FL 32569

Name

Mary Ann Raymond

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

36 Temple Av

City

Ft. Walton Beach, FL

Zip Code

32548

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 *Mary Ann Raymond*

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

Mary Ann Raymond

(NOTE: Registered Agent signature required when reinstating)

2-13-02

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **HONEY, WHEELER R**
 CITY-ST-ZIP **PO BOX 697 DESTIN FL 32540**

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

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **SPARKS, TOM**
 CITY-ST-ZIP **PO BOX 9850 - PANAMA CITY BEACH FL 32417**

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BALENT, ANGELA**
 CITY-ST-ZIP **45 NE BEAL PKWY FORT WALTON BEACH FL 32549**

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

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **WHITFIELD, RON**
 CITY-ST-ZIP **1333 MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MAGDIC, ANNE**
 CITY-ST-ZIP **348 SW MIRACLE STRIP PKWY FORT WALTON BEACH FL 32548**

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

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 of Mary Ann Raymond

4-10-02 850-244-8395

CR2E037 (9/01)