

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004986

1. Entity Name

PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90016 020 ****61.25

Principal Place of Business 2052 PRITCHARD POINT DR NAVARRE FL 32566	Mailing Address 2052 PRITCHARD POINT DR NAVARRE FL 32566-3006
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2063 Pritchard Point Dr. Suite, Apt. #, etc.	3. Mailing Address 2063 Pritchard Pt.Dr. Suite, Apt. #, etc.
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City & State Navarre FL.	City & State Navarre FL.	4. FEI Number 59-3265034	Applied For Not Applicable
Zip 32566	Country US	Zip 32566	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SUTTON, THOMAS
2052 PRITCHARD PT DR.
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name Thomas Clougher
Street Address (P.O. Box Number is Not Acceptable)
2063 Pritchard Pt.Dr.
City Navarre FL Zip Code 32566

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 *Thomas Clougher* 11 April 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUTTON, THOMAS C 2052 PRITCHARD POINT DR NAVARRE FL 32566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUSCH, SHELLY 2008 PRITCHARD PT DR NAVARRE FL 32566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STEOHENS, MARTIN 10074 PRITCHARD PT DR NAVARRE FL 32566 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Clougher, Thomas 2063 Pritchard Pt.Dr. Navarre FL. 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Himes, Tonya 2036 Pritchard Pt.Dr. Navarre, FL. 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Jensen, Linda 2017 Pritchard, Pt.Dr. Navarre, FL. 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of Thomas Clougher* 4/11/2000 850-939-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)