

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 14, 2001 8:00 am
Secretary of State

05-11-2001 90470 032 ****70.00

DOCUMENT # **N95000003214**

1. Entity Name

**SHORTUNE LAKE ESTATES HOMEOWNERS ASSOCIATION
 OF SANTA ROSA BEACH, INC.**

Principal Place of Business

Mailing Address

**614 SLALOM WAY
 SANTA ROSA BEACH, FL.
 32459**

← SAME

48607

2. Principal Place of Business

614 SLALOM WAY

3. Mailing Address

614 SLALOM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANTA ROSA BEACH, FL.

City & State

SANTA ROSA BEACH, FL.

4. FEI Number

59-3329379

Applied For

Not Applicable

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

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

**WENDY GLOVER
 734 SLALOM WAY
 SANTA ROSA BEACH, FL. 32459**

Name

MARK GRIFFIN

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

614 SLALOM WAY

City

SANTA ROSA BEACH

FL

Zip Code

32459

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

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	PRES / DIR.	☒ Delete
NAME	JOHN ELEY	
STREET ADDRESS	74 TRICK CIR.	
CITY-ST-ZIP	SANTA ROSA BCH, FL. 32459	
TITLE	VP / DIR.	☒ Delete
NAME	CORY PICKOS	
STREET ADDRESS	716 SLALOM WAY	
CITY-ST-ZIP	SANTA ROSA BCH, FL. 32459	
TITLE	DIR.	☒ Delete
NAME	ALEN OSBORNE	
STREET ADDRESS	755 SLALOM WAY	
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459	
TITLE	DIST	☒ Delete
NAME	MARTHA WALTON	
STREET ADDRESS	795 SLALOM WAY	
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES / DIRECTOR	☐ Change ☒ Addition
NAME	CHRISTOPHER LANGILLE	
STREET ADDRESS	480 SUGAR DR.	
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459	
TITLE	VICE PRES / DIRECTOR	☐ Change ☒ Addition
NAME	TOM RICE	
STREET ADDRESS	4074 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN, FL. 32541	
TITLE	SEC. / DIRECTOR	☐ Change ☒ Addition
NAME	MARK GRIFFIN	
STREET ADDRESS	614 SLALOM WAY	
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459	
TITLE	TRES / DIRECTOR	☐ Change ☒ Addition
NAME	SCOTT WHITEHEAD	
STREET ADDRESS	4507 FURLING LANE, SUITE 209	
CITY-ST-ZIP	DESTIN, FL. 32541	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ANDREW F. GIESSEN, JR.	
STREET ADDRESS	558 MOONEY RD.	
CITY-ST-ZIP	FORT WALTON BEACH, FL. 32547	
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:

CHRISTOPHER LANGILLE

4/26/01 (850) 267-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)