

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005311

FILED
Apr 30, 2003
Secretary of State

Entity Name: WHITE POINT VILLAGE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

541 MARY ESTHER CUT-OFF
FT WALTON BEACH, FL 32548 US

New Principal Place of Business:

POST OFFICE BOX 1245
DESTIN, FL 32540 US

Current Mailing Address:

POST OFFICE BOX 1447
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

POST OFFICE BOX 1245
DESTIN, FL 32540 US

FEI Number: 59-3447138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, ROBERT E
541 MARY ESTHER CUT-OFF
FORT WALTON BEACH, FL 32548

Name and Address of New Registered Agent:

VIOLETTE, MARK A
4529 WHITE POINT COURT
NICEVILLE, FL 32578

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: MARK VIOLETTE

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, ROBERT E
Address: 541 MARY ESTHER CUT-OFF
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD () Delete
Name: LEE, JOHN M
Address: 541 MARY ESTHER CUT-OFF
City-St-Zip: FT WALTON BEACH, FL 32548

Title: STD () Delete
Name: MCBRYDE, MARIAN
Address: 332 NE OKALOOSA RD
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VIOLETTE, MARK A
Address: POST OFFICE BOX 1245
City-St-Zip: DESTIN, FL 32540

Title: VD (X) Change () Addition
Name: VIOLETTE, JENNIFER E
Address: POST OFFICE BOX 1245
City-St-Zip: DESTIN, FL 32540

Title: D (X) Change () Addition
Name: SCHOTT, WARRREN E
Address: POST OFFICE BOX 1244
City-St-Zip: DESTIN, FL 32540

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK VIOLETTE

PSTD

04/30/2003

Electronic Signature of Signing Officer or Director

Date