

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-21-2000 90162 030 ****61.25

DOCUMENT # N96000000661

1. Entity Name

CARA BAY HOMEOWNERS ASSOCIATION, INC. ✓

Principal Place of Business

106 EAST COLLEGE AVENUE
 SUITE 900, HIGHPOINT CENTER
 TALLAHASSEE FL 32302

Mailing Address

106 EAST COLLEGE AVENUE
 SUITE 900, HIGHPOINT CENTER
 TALLAHASSEE FL 32302

2. Principal Place of Business

1183 EAST GULF BEACH DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

1183 EAST GULF BEACH DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 ST GEORGE ISLAND FL

City & State
 ST GEORGE ISLAND FL

4. FEI Number 74-2839981

Applied For
 Not Applicable

Zip 32328

Country USA

Zip 32328

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, J. KENDRICK
 106 EAST COLLEGE AVENUE
 SUITE 900, HIGHPOINT CENTER
 TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

Name NIDA S. BOGUSKY
 Street Address (P.O. Box Number is Not Acceptable) 1183 EAST GULF BEACH DRIVE
 City ST GEORGE ISLAND FL Zip Code 32328

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 *Nida S. Bogusky*
 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
After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MONAD, OLIVER	
STREET ADDRESS	212 FRANKLIN BOULEVARD	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEPPSON, RHETT	
STREET ADDRESS	P O BOX 357 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDANIEL, RUSSELL	
STREET ADDRESS	1000 JUSTICE WAY	
CITY-ST-ZIP	ABILENE TX 79602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIDA S. BOGUSKY	
STREET ADDRESS	1183 EAST GULF BEACH DR	
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nida S. Bogusky*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/2000 850-927-4173
 Date Daytime Phone #

CR2E037 (5/00)