

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90007 029 \*\*\*\*61.25

**DOCUMENT # N96000002598**

1. Entity Name

**GREATER DRIFTWOOD ESTATES HOMEOWNERS ASSOCIATION**

Principal Place of Business

Mailing Address

PALM PLAZA, SUITE 6  
 STE 23  
 DESTIN FL 32541  
 US

P.O. BOX 6225  
 DESTON FL 32541-6225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3390926**

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

GELDER, RALPH H  
 10221 HIGHWAY 98 WEST  
 STE 23  
 DESTIN FL 32541-32550

Name

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

City

**FL**

Zip Code

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:**  
**FEES 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 NAME  Delete  
 HATCHER, PATRICIA  
 STREET ADDRESS 2315 MIDFIELD DRIVE  
 CITY-ST-ZIP MONTGOMERY AL 36111

TITLE NAME  Change  Addition  
~~CONNIE WYNNE~~ - STD  
 Connie Wynne  
 STREET ADDRESS 9300 Highway 98W  
 CITY-ST-ZIP Destin FL 32541

TITLE NAME  Delete  
 STD ASKEW, VANCE  
 STREET ADDRESS 9300 HIGHWAY 98 WEST  
 CITY-ST-ZIP DESTIN FL 32541

TITLE NAME  Change  Addition  
 (Empty)

TITLE NAME  Delete  
 PD WILLIAMS, JUDITH  
 STREET ADDRESS 960 NORTSHORE DR  
 CITY-ST-ZIP DESTIN FL 32541

TITLE NAME  Change  Addition  
 (Empty)

TITLE NAME  Delete  
 (Empty)

TITLE NAME  Change  Addition  
 (Empty)

TITLE NAME  Delete  
 (Empty)

TITLE NAME  Change  Addition  
 (Empty)

TITLE NAME  Delete  
 (Empty)

TITLE NAME  Change  Addition  
 (Empty)

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: Judith Williams  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/00 850-267-8183  
 Date Daytime Phone #

CR2F037 (9/00)