## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N98000001535 May 24, 2000 8:00 am Secretary of State TOKALON TERRACE HOMEOWNER'S ASSOCIATION, INC. 04-26-2000 90154 040 \*\*\*\*61.25 Malling Address Principal Place of Business 819 PINEDALE ROAD 819 PINEDALE ROAD SUITE 200 SUITE 200 FORT WALTON BEACH FL 32547-2427 FORT WALTON BEACH FL 32547 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4 FFI Number City & State 59-3500343 Not Applicable Ziα Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LARSON, LOWELL C JR 817 PINEDALE ROAD FORT WALTON BEACH FL 32547 Zip Code City F١ 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (66/6)☐ Addition XX Change TITLE ☐ Delete TITLE NAME LARSON, LOWELL C NAME CR2E037 STREET ADDRESS 817 Pinedale Road STREET ADDRESS 187 PINEDALE ROAD CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 Fort Walton Beach, ☐ Addition T Change STD ☐ Delete TITLE TITLE HENDERSON, BRENDA NAME NAME 817 Pinedale Road STREET ADDRESS STREET ADDRESS 187 PINEDALE ROAD CITY-ST-7IP Fort Walton Beach, FL 32547 CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Change X Addition X Delete TITLE TITLE NAME BLAIR, LINDA D Bussler, Magda NAME STREET ADDRESS STREET ADDRESS 187 PINEDALE ROAD 817 Pinedale Road CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 Fort Walton Beach. Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-COY-ST-ZIP. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-21P I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as recurring the corporation or on an attachment with an address, with all other like empowered. Section 119.07(3)(i), Florida Statutes, I further certify that the information e the same legal effect as if made under oath; that I am an officer or director of 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE REC

4-20-2000 850-863-3242