

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90077 035 \*\*\*\*61.25

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**DOCUMENT # N98000001535**

1. Entity Name

**TOKALON TERRACE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**819 PINEDALE ROAD  
 SUITE 200  
 FORT WALTON BEACH FL 32547  
 US**

**819 PINEDALE ROAD  
 SUITE 200  
 FORT WALTON BEACH FL 32547  
 US**

2. Principal Place of Business

**987 ROCKPORT DR**

3. Mailing Address

**987 ROCKPORT DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT WALTON BEACH FL**

City & State

**FORT WALTON BEACH FL**

Zip

**32547**

Country

**USA**

Zip

**32547**

Country

**USA**

4. FEI Number

**59-3500343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LARSON, LOWELL C JR  
 817 PINEDALE ROAD  
 FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name **HILLARY GRAHAM**

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

**987 ROCKPORT DR**

City

**FORT WALTON BEACH FL**

Zip Code

**32547**

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

*Hillary Graham* STD 27 Apr 01

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

TITLE PD  
 NAME LARSON, LOWELL C  
 STREET ADDRESS 817 PINEDALE RD  
 CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

TITLE STD  
 NAME HENDERSON, BRENDA  
 STREET ADDRESS 817 PINEDALE RD  
 CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

TITLE D  
 NAME BLAIR, LINDA D  
 STREET ADDRESS 817 PINEDALE RD  
 CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME Ronald Bailey  
 STREET ADDRESS 998 ROCKPORT DR  
 CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☒ Change ☐ Addition

TITLE STD  
 NAME HILLARY GRAHAM  
 STREET ADDRESS 987 ROCKPORT DR  
 CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Hillary Graham* JURED

27 Apr 01

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CR2E037 (10/00)