

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90138 025 \*\*\*\*61.25

**DOCUMENT # N98000003291**



1. Entity Name  
**GRANDE HARBOR OCEAN CLUB OWNERS ASSOCIATION, INC**

Principal Place of Business

119 EUCLID AVENUE  
BIRMINGHAM AL 35213-2906  
US

Mailing Address

119 EUCLID AVENUE  
BIRMINGHAM AL 35213-2906  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2412634**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTERS, ELIZABETH J**  
**221 MCKENZIE AVENUE**  
**PANAMC CITY FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, CARTER F</b>	
STREET ADDRESS	<b>3125 INDEPENDENCE DRIVE SUITE 116</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NALL, J. WALLACE JR.</b>	
STREET ADDRESS	<b>119 EUCLID AVE.</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35213</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REICH, ROBERT D JR.</b>	
STREET ADDRESS	<b>119 EUCLID AVENUE</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35213-2906</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*SIGNATURE RECEIVED*

4-22-03 (205) 879-7720

CR2E037 (10/02)