

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004331

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90923 037 ****61.25

1. Entity Name

WOODRUN OF BAY COUNTY HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

415 BECKRICH RD
 SUITE 350
 PANAMA CITY BEACH FL 32407

Mailing Address

415 BECKRICH RD
 SUITE 350
 PANAMA CITY BEACH FL
 32407

2. Principal Place of Business

3. Mailing Address

1096 OLD HWY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE C102B

City & State

City & State
 DESTIN FL

4. FEI Number

65-0853288

Applied For

Not Applicable

Zip

Country

Zip

32541

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BARIC, JOHN~~
~~7900 GLADES ROAD~~
~~SUITE 200~~
~~BOCA RATON FL 33434~~

Name DAVID W. BELL
 Street Address (P.O. Box Number is Not Acceptable)
1096 OLD HWY 98
STE C102B
 City DESTIN **FL** Zip Code 32541

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.

David W. Bell
 SIGNATURE

DAVID W. BELL, AGENT

04-04-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RESTER, JIM	
STREET ADDRESS	2405 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, LEWIS	
STREET ADDRESS	2405 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DUKE, DOUG	
STREET ADDRESS	2405 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
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		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VADLER, STEVEN	
STREET ADDRESS	415 BECKRICH RD, STE 350	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKWELL, RAY	
STREET ADDRESS	415 BECKRICH RD, STE 350	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STULL, JIM	
STREET ADDRESS	415 BECKRICH RD, STE 350	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
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: *David W. Bell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 850-654-1818
 Date Daytime Phone #

CR2E037 (9/99)