

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90050 032 \*\*\*\*61.25

**DOCUMENT # N98000004331**

1. Entity Name  
**WOODRUN OF BAY COUNTY HOMEOWNERS ASSOCIATION, IN**

Principal Place of Business Mailing Address  
~~415 BECKRICH RD~~ 1096 OLD HWY 98  
~~SUITE 350~~ STE C 102B  
~~PANAMA CITY FL 32407~~ DESTIN FL ~~32541~~  
~~US~~ US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1096 OLD HWY 98**

3. Mailing Address  
**1096 OLD HWY 98**

Suite, Apt. #, etc.  
**SUITE C102B**

Suite, Apt. #, etc.  
**SUITE C102B**

City & State  
**DESTIN FL**

City & State  
**DESTIN FL**

4. FEI Number  
**65-0853288**

Applied For  
 Not Applicable

Zip  
**32550**

Country  
**US**

Zip  
**32550**

Country  
**US**

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**

**BELL, DAVID W**  
**1096 OLD HWY 98**  
**STE C 102B**  
**DESTIN FL 32541**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code **32550**

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 **DAVID W. BELL, AGENT**

**03-25-01**  
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VADLER, STEVEN</b> <b>415 BECKRICH RD., STE 350</b> <b>PANAMA CITY BEACH FL 32407</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MARKWELL, RAY</b> <b>415 BECKRICH RD., STE 350</b> <b>PANAMA CITY BEACH FL 32407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STULL, JIM</b> <b>415 BECKRICH RD., STE 350</b> <b>PANAMA CITY BEACH FL 32407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>RESTER, JAMES M.</b> <b>1701 EAST C-30A STE 201</b> <b>SANTA ROSA BEACH FL 32459</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>MARKWELL, RAY</b> <b>402 PALMETTO CT</b> <b>LYNN HAVEN FL 32444</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STULL, JAMES</b> <b>142 COTTONWOOD CIR</b> <b>LYNN HAVEN FL 32444</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>NADLER, STEVEN</b> <b>2800 SOUTH HWY 77</b> <b>LYNN HAVEN FL 32444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: **SIGNATURE OF JAMES R Rester**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/01** **850-231-6555**  
 Date Daytime Phone #

CRE037 (10/00)