

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90040 045 \*\*\*\*61.25

**DOCUMENT # N98000005027**

1. Entity Name

**BAY PINES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address:

1096 OLD HIGHWAY 98  
 SUITE C102B  
 DESTIN FL 32541

1096 OLD HIGHWAY 98  
 SUITE C102B  
 DESTIN FL 32541-7015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3602622**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~LEE, CATHY J~~  
 1096 OLD HIGHWAY 98  
 SUITE C102B  
 DESTIN FL 32541

Name

**DAVID W. BELL**

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.

SIGNATURE

David W. Bell, Agent

03-27-00

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  Delete  
 NAME **PD SISK, FRED H JR**  
 STREET ADDRESS **258 EVANGELINE DR**  
 CITY-ST-ZIP **MANDEVILLE LA 70471**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD TABOR, ELLEN**  
 STREET ADDRESS **214 INNER CIR**  
 CITY-ST-ZIP **MAXWELL AFB AL 36113**

TITLE  Change  Addition  
 NAME **STD JOHN GARVIN**  
 STREET ADDRESS **140 GLENWOOD AVENUE**  
 CITY-ST-ZIP **WINNETKA, IL 60093-1508**

TITLE  Delete  
 NAME **STD LYONS, JAMES**  
 STREET ADDRESS **8862 BAYPINE DR**  
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

(504)  
 429-1370

Daytime Phone #