..2000 UNIFORM BUSINESS REPORT (UBR) 7/: DOCUMENT # N9900001396 Aug 04, 2000 8:00 am Secretary of State 1. Entity Name BELLE HIGHLANDS OWNERS ASSOCIATION, INC. 07-18-2000 90021 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 109 E. HWY. 98 109 E. HWY, 98 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) VICKERS, WILLIAM D 109 E. HWY. 98 DESTIN FL 32541 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be After September 13, 2000 min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (§) **X** Addition Defete TITLE PDephen C. Lugg ☐ Change TITLE Stephen C. Lugg NAME NAKE STREET ADDRESS STREET ADDRESS 887 Lexington Road CITY-ST-7IP CITY-ST-ZIP <u>Pensacola, FL 32514</u> ☐ Change ✓ Addition ☐ Delete TITLE VDlliam P. P NAME NAME William P. Peters STREET ADDRESS STREET ADDRESS 533 Ditmar Street CITY-ST-ZIP CITY-ST-ZIP <u>Pensacola FL 32503</u> Addition ☐ Change TITLE TITLE Delete SD NAME William D. Vickers STREET ADDRESS STREET ADDRESS 109 Hyw. 98 E CATY-ST-70 CITY-ST-2IP Destin. FL-32541 Change ☐ Addition ☐ Delete TITLE IMF HAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-77P CITY-ST-ZIP ■ Addition ☐ Change Colete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Crty-ST-7/P CITY-ST-7P ☐ Addition Change ☐ Delete MLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SECONDA OFFICER ON DIRECTOR D. Vickers 7/11/00 (8500837-779