## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with a

## May 01, 2000 8:00 am Secretary of State DOCUMENT # N99000005607 1. Entity Name NANTAHALA HOMEOWNERS ASSOCIATION, INC. 05-01-2000 90370 036 \*\*\*\*61.25 Mailing Address Principal Place of Business 5101 SOUNDSIDE DRIVE 5101 SOUNDSIDE DRIVE **GULF BREEZE FL 32561-8923** GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEJ Number City & State Applied For City & State Not Applicable Country \$8.75 Additional Country 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) RAMSEY, PLAYFORD L 5101 SOUNDSIDE DRIVE **GULF BREEZE FL 32561** City 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. 9. Election Campaign Financing Make Check Payable to , FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ember, Bd. of Directors - Change PD TITLE TITLE ☐ Delete NAME NAME RAMSEY, PLAYFORD L Do no thy STREET ADDRESS STREET ADDRESS 5101 SOUNDSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete TITLE ۷D ROUDEN, MANZIA V JR. 3 sounds de Drive NAME STREET ADDRESS STREET ADDRESS 5016 SOUNDSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete TITLE SD NAME NAME Brown, Donald STREET ADDRESS STREET ADDRESS 5061 SOUNDSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>GULF BREEZE FL 32561</u> ☐ Addition ☐ Delete TITLE TITLE TD NAME LORENZ, MILTON STREET ADDRESS STREET ADDRESS **5215 SOUNDSIDE DRIVE** CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 indicated to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**