

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005701

1. Entity Name

NORTH OKALOOSA COUNTY PROPERTY OWNERS ASSOCIATION

**FILED**  
May 21, 2000 8:00 am  
Secretary of State

05-21-2000 90003 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 2063  
CRESTVIEW FL 32536

PO BOX 2063  
CRESTVIEW FL 32536-8063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR FAX

Applied For

Not Applicable

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

SHAFFER, JAMES R JR  
6187 BETHANY DR.  
CRESTVIEW FL 32539

Name

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

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  
NAME SHAFFER, JAMES  
STREET ADDRESS PO BOX 2063 6187 BETHANY DR.  
CITY-ST-ZIP CRESTVIEW FL 32536 32539

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME WHISNAND, CHARLES R  
STREET ADDRESS PO BOX 2063 2992 LOWMAN RD.  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME WORLEY, D.C.  
STREET ADDRESS PO BOX 2063 6187 BETHANY DR.  
CITY-ST-ZIP CRESTVIEW FL 32536 32539

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DAY, JAMES  
STREET ADDRESS PO BOX 2063 3002 ADAMS RD.  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DAVID, WILLIE D  
STREET ADDRESS PO BOX 2063 3040 REGENT LN.  
CITY-ST-ZIP CRESTVIEW FL 32536 32539

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

Date

Daytime Phone #

CR2E037 (9/99)