

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90023 032 ***150.00

DOCUMENT # P97000015278

1. Entity Name

CAMP WALTON VILLAGE DEVELOPMENT, INC.

Principal Place of Business

**228 BROOKE ST. SE (Brooks St. SE)
SUITE B
FORT WALTON BEACH FL 32548
US**

Mailing Address

**228 BROOKS ST. SE
SUITE B
FORT WALTON BEACH FL 32548
US**

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

59-3440085

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

**PERRI, DANIEL C
5 CLIFFORD DRIVE
SHALIMAR FL 32578**

Name

Susan S. Myers

Street Address (P.O. Box Number is Not Acceptable)

228 SE Brooks Street

Suite B

City

Fort Walton Beach

FL

Zip Code

32548

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

Susan S. Myers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/25/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MYERS, SUSAN S**
STREET ADDRESS **249 YACHT CLUB DRIVE**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **P, VP, S-T, D. C** ☐ Change ☒ Addition
NAME **Susan S. Myers**
STREET ADDRESS **228 SE Brooks Street, Suite B**
CITY-ST-ZIP **Fort Walton Beach, FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan S. Myers, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/2002 850-664-5666

Date Daytime Phone #

CR2E034 (9/01)