

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097571

1. Entity Name

THE ASSOCIATION OFFICE, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90097 005 ***150.00

Principal Place of Business

Mailing Address

369 JOY LANE
 SANTA ROSA BEACH FL 32459

369 JOY LANE
 SANTA ROSA BEACH FL 32459-3757

2. Principal Place of Business

3. Mailing Address

P.O. Box 1247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Santa Rosa Bch FL

4. FEI Number

59-3544107

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

Walton

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

HALL, STEVEN K
 36468 EMERALD COAST PARKWAY
 SUITE 2201
 DESTIN FL 32541

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

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, 2000 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 Delete
 NAME PSTD
 STREET ADDRESS STENBERG, CYNTHIA T
 CITY-ST-ZIP 369 JOY LANE
 SANTA ROSA BEACH FL 32459

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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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: Cynthia T Stenberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

850 267 8458

Date

Daytime Phone #

CR2E034 (9/99)