

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766982

1. Entity Name

SAN DE LUNA HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90118 014 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 11690
PENSACOLA FL 32524
US

P.O. BOX 11690
PENSACOLA FL 32524-1690
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2390024

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FORD, J STEVEN
107 N PALAFOX ST
PENSACOLA FL 32501

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

Lois C. Hatcher

2-4-00

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 SD
NAME HATCHER, LOIS
STREET ADDRESS 1145 CEYLON CT
CITY-ST-ZIP GULF BREEZE FL ☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD
NAME SYLVIA PERKINS
STREET ADDRESS 83 TWIN OAKS DRIVE
CITY-ST-ZIP STAFFORD VA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HOLLIS, TOM
STREET ADDRESS 102 BLUERIDGE LN
CITY-ST-ZIP WARNER ROBBINS GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GARAFAND, PATRICK
STREET ADDRESS 172 LAKEVIEW LOOP
CITY-ST-ZIP DAPHNE AL ☐ Delete

TITLE
NAME GARAFANO, PATRICK
STREET ADDRESS 30427 MIDDLE CREEK CIRCLE
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME PEDERSON, SOREN
STREET ADDRESS 83 FLAMINGO ST.
CITY-ST-ZIP NEW ORLEANS, LA 70124 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME SMITH, GALLY
STREET ADDRESS 136 TIMBER LANE
CITY-ST-ZIP PALATKA, FL 32177 ☐ Change ☒ Addition

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:

Lois C. Hatcher REQUIRED

3-2-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)