


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90077 032 \*\*\*\*61.25

**DOCUMENT # N00000006366**

1. Entity Name  
**DON CARLOS TOWNHOMES HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business      Mailing Address  
**6209-A DON CARLOS DR.  
PENSACOLA FL 32507**      **6209-A DON CARLOS DR.  
PENSACOLA FL 32507**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3674015**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DUBOSE, KEVIN C  
6209-A DON CARLOS DR.  
PENSACOLA FL 32507**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>DUBOST, KEVIN C</b>      |                                 |
| STREET ADDRESS | <b>6209 DON CARLOS DR</b>   |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32507</b>   |                                 |
| TITLE          | <b>SD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>WELBOURNE, R. BURKE</b>  |                                 |
| STREET ADDRESS | <b>6709-D DON CARLOS DR</b> |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32507</b>   |                                 |
| TITLE          | <b>TD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>DOBISE, KEVIN C</b>      |                                 |
| STREET ADDRESS | <b>6709-A DON CARLOS DR</b> |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32507</b>   |                                 |
| TITLE          | <b>F</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>FLETCHER, FRANCIS J</b>  |                                 |
| STREET ADDRESS | <b>6209B DON CARLOS DR</b>  |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32507</b>   |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |                                                                              |
|----------------|--|------------------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |                                                                              |
| STREET ADDRESS |  |                                                                              |
| CITY-ST-ZIP    |  |                                                                              |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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      4/7/03      850-916-3701

CR2E037 (10/02)