2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State DOCUMENT # N0100000327 1. Entity Name 04-22-2002 90304 025 ****61.25 NEWCASTLE PLACE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3298 SUMMIT BLVD #18 3296 SUMMIT BLVD #18 770925 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address immet Blud Blue DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3754372 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required SC(Drivlator cambia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CAMPUS, JOSEPH J.III 70mmi+ 3298 SUMMIT BLVD #18 PENSACOLA FL 32503 Zip Code **32503** NSACOLA 8. The above named entity submits this statement for the europe of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition PD Delete TITLE TITLE Pron Tuttle MICHAEL, JEFFREY A NAME NAME 3298 Summit Olud. Sut 18 STREET ADDRESS STREET ADDRESS 3298 SUMMIT BLVD #18 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 ☐ Addition ☐ Change ٧D ☐ Delete TITLE TITLE FRANZ, JON A NAME NAME STREET ADDRESS 3298 SUMMIT BLVD #18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 __ 🗀 Change Addition STD Delete TITLE MCINNIS, ALLEY E Jeff Helcemb NAME NAME 3298 Summit Blud Sle \$8 STREET ADDRESS STREET ADORESS 3298 SUMMIT BLVD #18 CITY-ST-ZIP CITY-ST-ZIP PENSACCIA FL. 32503 PENSACOLA FL 32503 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 attachapent with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

02H145 TUTTLE 4-11-02