

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

**FILED  
Jul 15, 2002 8:00 am  
Secretary of State**

07-15-2002 90195 023 \*\*\*\*61.25

DOCUMENT # NO 10000004060  
1. Entity Name  
CLUB CABANA AT PENSACOLA CONDOMINIUM  
ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

**B0129427**

2. Principal Place of Business  
13785 Perdido Key Drive  
Suite, Apt. #, etc.

3. Mailing Address  
13785 Perdido Key Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pensacola, FL

City & State  
Pensacola, FL

4. FEI Number 59-3733208

Applied For  
Not Applicable

Zip  
32507

Country  
USA

Zip  
32507

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name William P. Lagman

Street Address (P.O. Box Number is Not Accessible)  
13785 Perdido Key Drive

City Pensacola

FL Zip Code 32507

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

**FEE IS \$61.25  
Initial or Amended UBR**

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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Robert Freeman 2205 Peters Road Knoxville TN 37923
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Claudia Woods #4 Buie Dr., Monroe, LA 71201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST/D Patricia-Diaz-Verson 260 Brookstone Centre Pkwy Columbus, GA 31904
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: Patricia Diaz Verson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02

Date

850/497-9623

Daytime Phone #

CR2E037B (12/01)