

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90066 047 \*\*\*\*61.25

**DOCUMENT # N03909**

1. Entity Name

**LIONSGATE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1099 LIONSGATE LANE  
 GULF BREEZE FL 32561

1099 LIONSGATE LANE  
 GULF BREEZE FL 32561-3498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2543075**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABERNATHY, NORMAN A.**  
**1101 LIONSGATE LN**  
**GULF BREEZE FL 32561**

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

**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: **D**  Delete  
 NAME: **PERRY, JOSEPH**  
 STREET ADDRESS: **1637 LIONSGATE LANE**  
 CITY-ST-ZIP: **GULF BREEZE FL**

TITLE: **D**  Change  Addition  
 NAME: **WILSON, JACKIE**  
 STREET ADDRESS: **1124 LIONSGATE LANE**  
 CITY-ST-ZIP: **GULF BREEZE, FL 32561**

TITLE: **SD**  Delete  
 NAME: **KENDALL, KAROLYN**  
 STREET ADDRESS: **1090 LIONSGATE LANE**  
 CITY-ST-ZIP: **GULFBREEZE FL**

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

TITLE: **D**  Delete  
 NAME: **BAYS, CHARLES**  
 STREET ADDRESS: **1098 LIONSGATE LN**  
 CITY-ST-ZIP: **GULF BREEZE FL**

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

TITLE: **VD**  Delete  
 NAME: **NELSON, JAMES B**  
 STREET ADDRESS: **1082 LIONSGATE LN**  
 CITY-ST-ZIP: **GULFBREEZE FL**

TITLE: **D**  Change  Addition  
 NAME: **WILSON, KAREN**  
 STREET ADDRESS: **1117 LIONSGATE LANE**  
 CITY-ST-ZIP: **GULF BREEZE, FL 32561**

TITLE: **D**  Delete  
 NAME: **RING, CLIFF III**  
 STREET ADDRESS: **1066 LIONS GATE LANE**  
 CITY-ST-ZIP: **GULF BREEZE FL 32561**

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

TITLE: **D**  Delete  
 NAME: **SAWYER, RICHARD**  
 STREET ADDRESS: **1110 LIONS GATE LN**  
 CITY-ST-ZIP: **GULF BREEZE FL 32561**

TITLE:  Change  Addition  
 NAME: **Add "T" TO SAWYER**  
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 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:**

**NORMAN ABERNATHY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES, 1-10-00**  
 Date

**850-932-4640**  
 Daytime Phone

CR2E037 19/99