

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

0019061

**DOCUMENT # N03909**

1. Entity Name

**LIONSGATE HOMEOWNERS' ASSOCIATION, INC.**

04-24-2001 90335 018 \*\*\*\*61.25

Principal Place of Business <b>1099 LIONSGATE LANE GULF BREEZE FL 32561</b>	Mailing Address <b>1099 LIONSGATE LANE GULF BREEZE FL 32561</b>
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**746983**



DO NOT WRITE IN THIS SPACE

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 <b>59-2543075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **FRANK GRAYSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1190 LIONSGATE LANE**  
 City **GULF BREEZE** FL Zip Code **32561**

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 DATE **21 April 2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLS, JACKIE</b>	
STREET ADDRESS	<b>1124 LIONSGATE LN</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>KENDALL, KAROLYN</b>	
STREET ADDRESS	<b>1090 LIONSGATE LANE</b>	
CITY-ST-ZIP	<b>GULFBREEZE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, KAREN</b>	
STREET ADDRESS	<b>1117 LIONSGATE LN</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NELSON, JAMES B</b>	
STREET ADDRESS	<b>1082 LIONSGATE LN</b>	
CITY-ST-ZIP	<b>GULFBREEZE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RING, CLIFF III</b>	
STREET ADDRESS	<b>1066 LIONS GATE LANE</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SAWYER, RICHARD</b>	
STREET ADDRESS	<b>1110 LIONS GATE LN</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>E, NOEL FADDIS</b>	
STREET ADDRESS	<b>1075 LIONSGATE LANE</b>	
CITY-ST-ZIP	<b>GULF BREEZE, FL 32561</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NANCY GREENFIELD</b>	
STREET ADDRESS	<b>1057 LIONSGATE LANE</b>	
CITY-ST-ZIP	<b>GULF BREEZE, FL 32561</b>	
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		

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: DATE **21 Apr 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)