

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90052 035 \*\*\*\*61.25

**DOCUMENT # N03909**

1. Entity Name  
**LIONSGATE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 1099 LIONSGATE LANE GULF BREEZE FL 32561	Mailing Address 1099 LIONSGATE LANE GULF BREEZE FL 32561
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2543075</b>		Applied For	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GRAYSON, FRANK 1190 LIONSGATE LN GULF BREEZE FL 32561				Name <b>MARK PURSER</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1129 LIONSGATE LANE</b>			
				City <b>GULF BREEZE FL</b>		Zip Code <b>32563</b>	

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 MARK PURSER, PD Mark Purser x 1/9/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLS, JACKIE</b>		NAME	<b>Stephen Richards</b>	
STREET ADDRESS	<b>1124 LIONSGATE LN</b>		STREET ADDRESS	<b>1114 Lionsgate Lane</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>		CITY-ST-ZIP	<b>Gulf Breeze FL 32563</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>KAY CORBIN SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENDALL, KAROLYN</b>		NAME	<b>KAY CORBIN</b>	
STREET ADDRESS	<b>1090 LIONSGATE LANE</b>		STREET ADDRESS	<b>1071 Lionsgate Lane</b>	
CITY-ST-ZIP	<b>GULFBREEZE FL</b>		CITY-ST-ZIP	<b>Gulf Breeze FL 32563</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FADDIS, E. NOEL</b>		NAME		
STREET ADDRESS	<b>1075 LIONSGATE LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>		CITY-ST-ZIP		<b>32563</b>
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENFIELD, NANCY</b>		NAME		
STREET ADDRESS	<b>1057 LIONSGATE LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>		CITY-ST-ZIP		<b>32563</b>
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWYER, RICHARD</b>		NAME		
STREET ADDRESS	<b>1110 LIONS GATE LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>		CITY-ST-ZIP		<b>32563</b>
TITLE		<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<b>FLORENCE WINSTANLEY</b>	
STREET ADDRESS			STREET ADDRESS	<b>1128 LIONSGATE LANE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>GULF BREEZE, FL 32563</b>	

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: Mark Purser x 1/9/02 x  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 2037 (9/01)