## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # N11122** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** TOWNE SQUARE HOMEOWNERS ASSOCIATION OF PENSACOLA 03-03-2000 90206 015 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 30465 P.O. BOX 30465 PENSACOLA FL 32503-1465 PENSACOLA FL 32503-1465 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FÉ! Number City & State 59-2607260 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>kinor</u> M - Wu<u>eus</u> Street Address (P.O. Box Number is Not Acceptable) SCHMIDT, RAE MARIE SOSI GRANDE DR 5051 GRANDE DRIVE #B3 Zip Code うえどっり City PENSACO LA PENSACOLA FL 32504 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) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Department of State Added to Fees ' FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT DIRECTOR ☐ Delete Addition TITLE TITLE BLIZABETH SUE WOREND NAME NAME WEATHERFORD, WILLIAM 5051 GRANDE DE # M-5 STREET ADDRESS STREET ADDRESS 5051 GRANDE DRIVE, #G-6 CITY-ST-ZIP CITY-ST-ZIP PENSALOLA, Fl. 32504 PENSACOLA: FL VICE- PRESIDENT - DIRECTOR Change ☐ Addition ☐ Delete TITLE TITLE VD EVELYN DUPOSE NAME SOSIGEANDE DE #6-5 NAME APOSTLE. GEORGE STREET ADDRESS STREET ADDRESS 3610 SUMMIT BLVD PEUSACOLA, Fl. 32504 CITY-ST-ZIP CITY-ST-ZIP <u>Pensacola fl</u> Change Change ☐ Addition TITLE~ VP -Delete TITLE NAME NAME NESTOR, PAULINE STREET ADDRESS STREET ADDRESS 5051 GRANDE DRIVE, #G-5 CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL Change ☐ Addition TITI F Delete NAME NAME SCHMIDT, RAE M STREET ADDRESS STREET ADDRESS 5051 GRANDE DRIVE, #B-3 CITY-ST-ZIP CITY-ST-ZIP <u>Pensacola fl</u> TREASURER - DIRECTOR ☐ Addition **X** Change ☐ Delete TITLE LILLIAN M. OWENS NAME SYKES, BEATRICE D SOSI GRANDE DE HAZ STREET ADDRESS STREET ADDRESS 5051 GRAND DR #K6 CITY-ST-ZIP CITY-ST-7IP 32504 PENSACOLA, FI PENSACOLA FL 32504 SECRETARY - DIRECTOR ☐ Addition ☐ Delete **Change** MARIE DO BOSE NAME STRINGER, LEE NAME SOSI GRANDE DR MG8 STREET ADDRESS STREET ADDRESS 5051 GRAND DR #G3 CITY-ST-ZIP CITY-ST-ZIP PENSACOLIA, FI. 32504 PENSACOLA FL 32504 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

850-471-1706

2-25-00