

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003725

1. Entity Name

DELUNA POINT HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90171 022 ****61.25

Principal Place of Business

Mailing Address

1388 COUNTRY CLUB RD.
GULF BREEZE FL 32561

1388 COUNTRY CLUB RD.
GULF BREEZE FL 32561-3471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3237935

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, SUSAN L
1388 COUNTRY CLUB RD.
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 V ☐ Delete
NAME GIBSON, WILLIAM
STREET ADDRESS 3 WEST GALVEZ CT
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DEMPSEY, WILLIAM
STREET ADDRESS 7 N GALVEZ CT
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ENGLAND, ROBERT
STREET ADDRESS 919 PANFERIO DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

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

TITLE S ☐ Delete
NAME TAYLOR, JAY
STREET ADDRESS 23 WEST GALVEZ CT
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE V ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LABORDE, PHILLIP
STREET ADDRESS 5724 COURTLAND PL
CITY-ST-ZIP ALEXANDRIA LA 71301

TITLE Secretary ☐ Change ☒ Addition
NAME Skip Walden
STREET ADDRESS 14 West Galvez
CITY-ST-ZIP Pensacola Beach, FL 32561

TITLE D ☐ Delete
NAME NICHOLS, KENT
STREET ADDRESS 23 E. GALVEZ
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-00 850 932 9228

CR2E037 (9/99)