

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002132

1. Entity Name

HARBOUR POINTE ASSOCIATION OF PENSACOLA, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90218 005 ****61.25

Principal Place of Business	Mailing Address
3298 SUMMIT BLVD. STE. 4 PENSACOLA FL 32503 US	3298 SUMMIT BLVD. STE. 4 PENSACOLA FL 32503-4350 US



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	Applied For
59-3251635	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ETHERIDGE, RAY O
 3298 SUMMIT BLVD.
 STE 4
 PENSACOLA FL 32503

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOPKINS, E W	
STREET ADDRESS	584 WINDROSE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	6102 TIPPIN AVE.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SNYDER, ROBERT	
STREET ADDRESS	C/O PR SUPPLY, 3455 N ALCANIZ ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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: *[Signature]* HOPKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/12/2000 Daytime Phone #: 434-3585

CR2E037 (9/99)