

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

0017088

**DOCUMENT # N94000002132**

1. Entity Name

**HARBOUR POINTE ASSOCIATION OF PENSACOLA, INC.**

04-19-2001 90028 001 \*\*\*\*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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-325 1635**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	DP	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, E W	
STREET ADDRESS	584 WINDROSE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	6102 TIPPIN AVE.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	STD	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Dickson	
STREET ADDRESS	526 Windrose Drive	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Pitts	
STREET ADDRESS	PO Box 1781	
CITY-ST-ZIP	PENSACOLA FL 32588	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stan Shaw	
STREET ADDRESS	329 Windrose Circle	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE Taylor	
STREET ADDRESS	28 Star Lake Drive	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudy Bray	
STREET ADDRESS	538 Windrose Circle	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray O. Etheridge	
STREET ADDRESS	3298 Summit Blvd. Ste 4	
CITY-ST-ZIP	PENSACOLA FL 32503	

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: Ray O. Etheridge Sec/Treasurer 4-9-01 (850) 434-3585  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)