

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-14-2001 90257044 \*\*\*\*\*61725  
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DOCUMENT # N97000001625

1. Entity Name

THE COMMUNITIES AT MARCUS LAKE HOMEOWNERS ASSOCI

FILED

02 JUN -5 AM 11:43

SECRETARY OF STATE  
5-23-05 022 61.25

6-21-02 01012 010 175.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4400 BAYOU BLVD SUITE 35 PENSACOLA FL 32503		Mailing Address 4400 BAYOU BLVD SUITE 35 PENSACOLA FL 32503	
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 58-2385191		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent CAULK, WESLEY 4400 BAYOU BLVD SUITE 35 PENSACOLA FL 32503		7. Name and Address of New Registered Agent Name: Sandra J. Ward Street Address (P.O. Box Number is Not Acceptable): 224 E. Garden Street Suite 1 City: Pensacola FL Zip Code: 32501	
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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: Sandra J. Ward DATE: 2/15/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P/T NAME: BOYD, JAMES STREET ADDRESS: PO BOX 12358 ((N/A)) CITY-ST-ZIP: PENSACOLA FL 32582	<input type="checkbox"/> Delete	TITLE: D NAME: Vice President STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V/T NAME: BOYD, RALPH STREET ADDRESS: PO BOX 12358 ((N/A)) CITY-ST-ZIP: PENSACOLA FL 32582	<input type="checkbox"/> Delete	TITLE: D NAME: Treasurer STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T/T NAME: PREER, SANDY GAIL STREET ADDRESS: PO BOX 12358 ((N/A)) CITY-ST-ZIP: PENSACOLA FL 32582	<input type="checkbox"/> Delete	TITLE: D NAME: President STREET ADDRESS: Preer Sandra CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S/T NAME: GILMORE, DAN J STREET ADDRESS: PO BOX 12358 ((N/A)) CITY-ST-ZIP: PENSACOLA FL 32582	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: Secretary STREET ADDRESS: Brown, Robert D. CITY-ST-ZIP: 7059 Kampart Way Pensacola, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sandra J. Ward DATE: 2/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)