

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90004 009 \*\*\*\*61.25

**DOCUMENT # N97000002304**

1. Entity Name

**GRAND MANOR HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~4400 BAYOU BLVD.~~  
~~SUITE 08~~  
~~PENSACOLA FL 32503~~

~~4400 BAYOU BLVD.~~  
~~SUITE 08~~  
~~PENSACOLA FL 32503~~

2. Principal Place of Business

220 West Garden St., #303

3. Mailing Address

P.O. Box 30038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Pensacola, FL

City & State  
 Pensacola, FL

4. FEI Number

59-3411951

Applied For

Not Applicable

Zip  
 32501

Country  
 USA

Zip  
 32503=1038

Country  
 USA

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

**MOORHEAD, STEPHEN R**  
**4300 BAYOU BLVD.**  
**SUITE 12 & 13**  
**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 **PD**  Delete  
 NAME **HARD, CHUCK**  
 STREET ADDRESS **4434 BELLVIEW #5B**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **PD**  Change  Addition  
 NAME **Devoe Blackwell**  
 STREET ADDRESS **4416 Bellview**  
 CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **VPD**  Delete  
 NAME **WHEELER, CHARLES**  
 STREET ADDRESS **4452 BELLVIEW #7A**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BARKER, BEULAH**  
 STREET ADDRESS **444 BELLEVIEW #6A**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME ~~TIPPENS, GARY G~~  
 STREET ADDRESS ~~4400 BAYOU BLVD, STE: 08~~  
 CITY-ST-ZIP ~~PENSACOLA FL 32503~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BRUGE, TAMMY**  
 STREET ADDRESS **4430 BELLEVIEW AVENUE, #4D**  
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **SD**  Change  Addition  
 NAME **Margaret Peevy**  
 STREET ADDRESS **4418 Bellview**  
 CITY-ST-ZIP **Pensacola, FL 32526**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Devoe Blackwell **Devoe Blackwell** 1-22-02 850-944-0595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)