

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0017190

DOCUMENT # N99000004400

1. Entity Name

WATERFORD PLACE OF PENSACOLA HOMEOWNERS ASSOCIAT

04-11-2001 90059 042 ****61.25

Principal Place of Business

Mailing Address

3298 SUMMIT BLVD., #18
 PENSACOLA FL 32503-4350

3298-SUMMIT BLVD., #18
 PENSACOLA FL 32503-4350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3298 Summit Blvd

3. Mailing Address

3298 Summit Blvd

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Pensacola

City & State

Pensacola FL

4. FEI Number

59-3632607

Applied For

Not Applicable

Zip

FL

Country

32503

Zip

32503

Country

Escombria

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPUS, JOSEPH J III
 3298 SUMMIT BLVD., #18
 PENSACOLA FL 32503-4350

7. Name and Address of New Registered Agent

Name

Ray O. Etheridge

Street Address (P.O. Box Number is Not Acceptable)

3298 Summit Blvd

Suite 4

City

Pensacola

FL

Zip Code

32503

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

Ray O. Etheridge

Property Manager

4-9-01

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	<input type="checkbox"/> Delete
NAME	MICHAEL, JEFF	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANZ, JON	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503-4350	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCLNNIS, ALLEY	
STREET ADDRESS	3298 SUMMIT BLVD 18	
CITY-ST-ZIP	PENSACOLA FL 32503-4350	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Tuttle	
STREET ADDRESS	3298 Summit Blvd Ste 18	
CITY-ST-ZIP	Pensacola FL 32503	
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
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:

Ron Tuttle President 4-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-434-5585

CR2E037 (10/00)