

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

0007584

DOCUMENT # N99000004400

1. Entity Name

WATERFORD PLACE OF PENSACOLA HOMEOWNERS ASSOCIATION, INC.

04-21-2002 90850 045 ****61.25

Principal Place of Business

Mailing Address

**3298 SUMMIT BLVD., #4
 PENSACOLA FL 32503-4350**

**3298 SUMMIT BLVD., #4
 PENSACOLA FL 32503-4350**

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

59-3632607

Applied For

Not Applicable

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

**ETHERIDGE, RAY O
 3298 SUMMIT BLVD., #4
 PENSACOLA FL 32503-4350**

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DST Jeff Helamb	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3298 Summit Blvd Ste 18	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ronald Tuttle* **RONALD TUTTLE** 4-11-02 850-434-3585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)