

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002139

1. Entity Name

EVENTIDE HOMEOWNERS' ASSOCIATION, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90015 019 ****61.25

Principal Place of Business

730 BAYFRONT PKWY.
STE. #3A
PENSACOLA FL 32501
US

Mailing Address

PO BOX 329
PENSACOLA FL 32592
US

2. Principal Place of Business

14 Star Lake Dr

Suite, Apt. #, etc.

3. Mailing Address

14 Star Lake Dr

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3241416

Applied For

Not Applicable

Zip

32507

Country

USA

Zip

32507

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESLEY, M. EUGENE
730 BAYFRONT PKWY.
STE. 3A
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name Karen Sindel

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

14 Star Lake Drive

City Pensacola

FL

Zip Code

32507

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

Karen Sindel

Karen Sindel

8/30/00

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
After September 13, 2000 min. will be \$236.25

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

TITLE PD
NAME HUTCHINS, CHARLES T
STREET ADDRESS 513 EVENTIDE
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ Delete

TITLE VPD
NAME VALLIMONT, JANE E
STREET ADDRESS 2400 TRONJO CIR
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE ST
NAME PRESLEY, EUGENE M
STREET ADDRESS PO BOX 329
CITY-ST-ZIP PENSACOLA FL 32503 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME Karen Sindel
STREET ADDRESS 14 Star Lake Dr
CITY-ST-ZIP Pensacola FL 32507 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Karen Sindel **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00

Date

850 457 9188

Daytime Phone #