

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N94000002139**

1. Entity Name

**EVENTIDE HOMEOWNERS' ASSOCIATION, INC.**

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

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**8/30/00**

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

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

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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: Karen Sindel **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/00**

DATE

**850 457 9188**

DAYTIME PHONE #