

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM****Secretary of State****DOCUMENT # N35583**

1. Entity Name

SUMMER LAKES HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business

6335 SUMMERLAKES LANE

PENSACOLA

32504

US

FL

Mailing Address

6335 SUMMERLAKES LANE

PENSACOLA

32504

US

FL

2. Principal Place of Business

6328 SUMMERLAKES LANE

3. Mailing Address

6328 SUMMERLAKES LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA

FL

City & State

PENSACOLA

FL

4. FEI Number

59-2981372

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GRANTHAM DON W.
6335 SUMMER LAKES LANE

PENSACOLA

32504

US

FL

7. Name and Address of New Registered Agent

Name

NICHOLSON ROGER A

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

6328 SUMMER LAKES LANE

City
PENSACOLA**FL**Zip Code
32504

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 **ROGER A. NICHOLSON****02/27/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	DV	<input type="checkbox"/> Delete
NAME	GARLAND GARY	
STREET ADDRESS	6302 SUMMER CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRANTHAM DON W.	
STREET ADDRESS	6335 SUMMER LAKES LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VILLANOVA JEAN	
STREET ADDRESS	6311 SUMMER LAKES LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MURPHY JIM	
STREET ADDRESS	6310 SUMMER CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON ROGER A	
STREET ADDRESS	6328 SUMMER LAKES LANE	
CITY-ST-ZIP	PENSACOLA FL	
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)(f), 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: Roger A. Nicholson

DT

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)