2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # N9900007104 1. Entity Name 04-11-2001 90060 008 ****61.25 SILVERTON OF PENSACOLA HOMEOWNERS ASSOCIATION, I Principal Place of Business Mailing Address 3298 SUMMIT BOULEVARD. #18 3298 SUMMIT BOULEVARD. #18 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address 3298 Summit Blud 3298 Summit Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FEI Number Applied For 59-3627850 ensacc Not Applicable \$8.75 Additional 5. Certificate of Status Desired Escambia combia Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address O. Box Number is Not Acceptable) CAMPUS, JOSEPH J III 3298 SUMMIT BOULEVARD, #18 te u PENSACOLA FL 32503 City 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 FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE Change ☐ Addition Ran tuttle MICHAEL, JEFFREY A NAME NAME 3298 Stemmit Blud Ste Ste 18 STREET ADDRESS 3298 SUMMIT BOULEVARD, #18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Persocala FL. 32503 PENSACOLA FL 32503 TITLE ☐ Delete TITLE ☐ Change Addition FRANZ, JON A NAME NAME STREET ADDRESS 3298 SUMMIT BOULEVARD, #18 STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP--PENSACOLA FL 32503 TITLE Delete TITLE ☐ Change ☐ Addition MCINNIS, ALLEY E NAME NAME STREET ADDRESS 3298 SUMMIT BOULEVARD, #18 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 resulted by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if