

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90014 030 ****61.25

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DOCUMENT # N94000002139

1. Entity Name

EVENTIDE HOMEOWNERS' ASSOCIATION, INC.

(LA)

Principal Place of Business

14 STAR LAKE DR
 PENSACOLA FL 32507
 US

Mailing Address

14 STAR LAKE DR
 PENSACOLA FL 32507
 US

C0073821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

997 S. Palatofx St.
 Suite, Apt. #, etc.

3. Mailing Address

997 S Palatofx St.
 Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3241416

Applied For

Not Applicable

Zip

32501

Country

USA

Zip

32501

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINDEL, KAREN
 14 STAR LAKE DRIVE
 PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name: Alexander L. Cover III
 Street Address (P.O. Box Number is Not Acceptable): 997 S. Palatofx St.
 City: Pensacola
 State: FL Zip Code: 32501

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

7-11-2001

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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/Director	<input type="checkbox"/> Delete
NAME	HUTCHINS, CHARLES T	
STREET ADDRESS	513 EVENTIDE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VALLIMONT, JANE E	
STREET ADDRESS	2400 TRONJO CIR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SINDEL, KAREN	
STREET ADDRESS	14 STAR LAKE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VPD/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunt Andreis	
STREET ADDRESS	689 Brent Lane	
CITY-ST-ZIP	Pensacola FL 32505	
TITLE	ST/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander L. Cover III	
STREET ADDRESS	504 Eventide Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel L. McCray, Sr	
STREET ADDRESS	506 Eventide Drive	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
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)(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:

[Handwritten Signature]

7-11-2001

850-434-6674

CR2E037 (5/01)