

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N94000002139

1. Entity Name

EVENTIDE HOMEOWNERS' ASSOCIATION, INC.

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. Palafox St.

Suite, Apt. #, etc.

3. Mailing Address

997 S Palafox 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. Coor III**

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

997 S. Palafox St.

City **Pensacola**

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

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** ☐ 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 **SINDEL, KAREN**
STREET ADDRESS **14 STAR LAKE DR**
CITY-ST-ZIP **PENSACOLA FL 32507**

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 **VPD/Director** ☐ Change ☐ Addition
NAME **Hunt Andreis**
STREET ADDRESS **689 Brent Lane**
CITY-ST-ZIP **Pensacola FL 32505**

TITLE **ST/Director** ☐ Change ☐ Addition
NAME **Alexander L. Coor III**
STREET ADDRESS **504 Eventide Drive**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **Director** ☐ Change ☐ Addition
NAME **Daniel L. McCray, Sr**
STREET ADDRESS **536 Eventide Drive**
CITY-ST-ZIP **Gulf Breeze, FL 32561**

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:

SIGNATURE REQUIRED

7-11-2001

850-434-6674

CR2E037 (5/01)

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