

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90165 026 ****61.25

DOCUMENT # N01000006088

1. Entity Name

PEAKE'S POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**17 W CEDAR ST
PENSACOLA FL 32501**

Mailing Address

**17 W CEDAR ST
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

17 West Cedar Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite #3

City & State

City & State
Pensacola, FL

Zip

Country

Zip
32501

Country
USA

4. FEI Number **59-3750274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARR, JOHN S
17 W CEDAR ST
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name
Eric J. Nickelsen
Street Address (P.O. Box Number is Not Acceptable)
17 West Cedar Street
Suite #3
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/21/02

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARR, JOHN S 17 W CEDAR ST PENSACOLA FL 32501 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRONLEY, JAMES D 17 W CEDAR ST PENSACOLA FL 32501 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NICKELSEN, ERIC J 17 W CEDAR ST PENSACOLA FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Nickelsen, Eric J. 17 West Cedar Street, Suite #3 Pensacola, FL 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director O. Frank Rushing, Jr. 1812 Yates Avenue Pensacola, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John L. O'Connor 708 Peake's Point Drive Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2/21/03 (850) 434-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)