

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

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90145 034 \*\*\*\*61.25

**DOCUMENT # 749928**



1. Entity Name

**SCENIC HILLS COUNTRY CLUB VILLAS ASSOCIATION, IN C.**

Principal Place of Business

**9900 FAIRWAY VILLAS LN  
PENS FL 32514**

Mailing Address

**9900 FAIRWAY VILLAS LN  
PENS FL 32514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1995067**

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

**JERRY WESTMORELAND  
9900 FAIRWAY VILLAS LN  
PENS FL 32514**

7. Name and Address of New Registered Agent

Name

**JAMES LODGE**

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

**9940 FAIRWAY VILLAS LN**

City

**PENSACOLA**

**FL**

Zip Code

**32514**

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]*

**JAMES LODGE**

**SECRETARY/TREASURER 6 MAR '03**

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

(NOTE: Registered Agent Signature required when reinstating)

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BARBARA CORWIN</b>	
STREET ADDRESS	<b>9912 FAIRWAY VILLAS LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LODGE, JAMES</b>	
STREET ADDRESS	<b>9940 FAIRWAY VILLAS LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JERRY WESTMORELAND</b>	
STREET ADDRESS	<b>9936 FAIRWAY VILLAS LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATTHEW RIDGE</b>	
STREET ADDRESS	<b>9920 FAIRWAY VILLAS LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Lodge</b>	
STREET ADDRESS	<b>9940 FAIRWAY VILLAS LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL</b>	
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)(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**

**6 MAR 03**

**850 494 1490**

CR2E037 (10/02)