

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90136 040 ****61.25

DOCUMENT # 726229


1. Entity Name

SPANISH LANDING TOWNHOUSE HOMEOWNERS ASSOCIATION

Principal Place of Business	Mailing Address
E INTENDENCIA ST FL 32501-3022	231 E INTENDENCIA ST PENSACOLA FL 32501-6022 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

637861



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1687769	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JERNIGAN, KENNETH E 231 E INTENDENCIA ST PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, KENNETH E	NAME	
STREET ADDRESS	231 E INTENDENCIA ST	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUKAIDIS, GREGORY	NAME	
STREET ADDRESS	306 FT PICKENS RD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZER, PERRY	NAME	
STREET ADDRESS	290 FT PICKENS RD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	P-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JOHN MATHIS
STREET ADDRESS		STREET ADDRESS	296 FT PICKENS RD
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA BCH, FL 32561
TITLE	<input type="checkbox"/> Delete	TITLE	VP-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RICHARD ARTHUR
STREET ADDRESS		STREET ADDRESS	304 FT PICKENS RD
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA BCH, FL 32561
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Kenneth E Jernigan* 4/10/2000 850/469-0344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)