

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90075 043 \*\*\*\*61.25

**DOCUMENT # 764724**

1. Entity Name

**LAMER CONDOMINIUM ASSOCIATION OF N.W. FLORIDA, I**

Principal Place of Business

Mailing Address

P.O. BOX 34116  
 PENSACOLA FL 32507

P.O. BOX 34116  
 PENSACOLA FL 32507-4116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2286381**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Rebecca J Nadolny*  
**ISLAND PROPERTIES OF PERDIDO KEY INC**  
**14180 PERDIDO KEY DR**  
**STE 3**  
**PENSACOLA FL 32507**

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

*Rebecca J Nadolny* *cam*

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

(NOTE: Registered Agent signature required when reinstating)

*4/28/00*

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST**  Delete  
 NAME **LANE, SHARON**  
 STREET ADDRESS **5404 PONTE VERDE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **Director**  Change  Addition  
 NAME **Tucker, Josh Tucker, Josh**  
 STREET ADDRESS **318 Bayou Blvd.**  
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **V**  Delete  
 NAME **MARSTELLER, BRUCE**  
 STREET ADDRESS **5264 CHOCTAW AVE**  
 CITY-ST-ZIP **PENSACOLA FL-32507**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BARTLETT, SUZANNE**  
 STREET ADDRESS **14009 PERDIDO KEY, #213**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **Director, Secretary, Treasurer**  Change  Addition  
 NAME **Bartlette, Suzanne**  
 STREET ADDRESS **14009 Perdido Key Dr # 213**  
 CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **D**  Delete  
 NAME **FRENCH, ROGER**  
 STREET ADDRESS **3817 FLORA PLACE**  
 CITY-ST-ZIP **ST LOUIS MO**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MESCHAN, RALPH**  
 STREET ADDRESS **8963 PENSACOLA BLVD**  
 CITY-ST-ZIP **PENSACOLA FL 32574**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **AVERY, THOMAS G**  
 STREET ADDRESS **1936 INDIAN LAKE DRIVE**  
 CITY-ST-ZIP **BIRMINGHAM AL**

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:

*Bruce Marsteller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/29/00*

*850-492-1808*

CR2E037 (9/99)