

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 764724**

1. Entity Name

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

Principal Place of Business

Mailing Address

**P.O. BOX 34116
PENSACOLA FL 32507****P.O. BOX 34116
PENSACOLA FL 32507**

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

59-2286381

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NALDONY, REBECCA J
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
COOPER, LYNN
13668 THISTLEWOOD DR
CARMEL IN 46032** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARSTELLER, BRUCE
5264 CHOCTAW AVE
PENSACOLA FL 32507** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Cline, Cindy
192 Pine Breeze Rd.
Columbus, MS 39702** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BARTLETTE, SUZANNE
14009 PERDIDO KEY DR., #213
PENSACOLA FL 32507** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FANELLA, JOHN
388 PALM LAKE DR
PENSACOLA FL 32507** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAY, ESTHER
9384 WHITE AVE
BRENTWOOD MO 63144** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AVERY, THOMAS G
1936 INDIAN LAKE DRIVE
BIRMINGHAM AL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

JOHN A. FANELLA 4/14/02**FILED
Jun 16, 2002 8:00 am
Secretary of State**

06-16-2002 90696 017 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)