2000 UNIFORM BUSINESS REPORT (UBR) 3/ DOCUMENT # 769041 Apr 28, 2000 8:00 am 1. Entity Name Secretary of State KIPLING PLACE HOMEOWNERS' ASSOCIATION, INC. 03-04-2000 90050 047 ****61.25 Principal Place of Business Mailing Address C/O BARBARA A. RAND C/O BARBARA HARAND 4040 ASHMOBE PLACE 4040 ASHMORE PLACE PENSACOLA FL 32503 PENSACQUA FL 32503-3430 2. Principal Place of Business 3. Malling Address J.th らんけん Suite, Apt., #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 7699 Kipling treet. Unit 4. FEI Number Applied For terracolo Pensacolo 59-2837941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Box Number is Not Acceptable) RAND, BARBARA-11. 4040 ASHMORE PLACE PENSACOLA FL 32503 Zio Code N 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 tered agent and title it (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6)PD TITLE Sharri Blanchard President Addition 717LE Delete Barnes, Ferolyn NAME 7702 Kipling Street, Unit A CR2E037 STREET ADDRESS 7699-D KIPLING PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Pensacolo <u>PENSACOLA FL 32514</u> ☐ Addition TITLE ☐ Delete TITLE ☐ Change STEELE, RONALD JR NAME NAME STREET ADDRESS STREET ADDRES 7704-A KIPLING PLACE CITY-ST-ZIP City-ST-ZiP. PENSACOLA FL-32514 Secretury/Treasurer Addition STD ☐ Change TITLE Delete TITLE Ed.th V. Finle Ystreet, untA RAND, BARBARA H. NAME STREET ADORES STREET ADDRESS 4040 ASHMORE PLACE 32514 CiTY-\$1-712 Persacolo CITY-ST-ZIP PENSACOLA FL TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther 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: