

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90005 039 \*\*\*\*61.25

0017692

**DOCUMENT # 769041**

1. Entity Name

**KIPLING PLACE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**7699 KIPLING ST UNIT A  
PENSACOLA FL 32514  
US**

Mailing Address

**7699 KIPLING ST UNIT A  
PENSACOLA FL 32514  
US**

LUUUJ46Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2837941**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FINLEY, EDITH Y  
7699 KIPLING ST UNIT A  
PENSACOLA FL 32514**

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 \$61.25**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          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | BLANCHARD, SHARRI      |  |
| STREET ADDRESS | 7702 KIPLING ST UNIT A |  |
| CITY-ST-ZIP    | PENSACOLA FL 32514     |  |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <del>President</del> <b>V/S</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Betty Fitzgerald                |  |
| STREET ADDRESS | 7700-A Kipling Street           |  |
| CITY-ST-ZIP    | Pensacola, FL 32514             |  |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | VD                 | <input type="checkbox"/> Delete |
| NAME           | STEELE, RONALD JR  |                                 |
| STREET ADDRESS | 7704A KIPLING PL   |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32514 |                                 |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <del>President</del> <b>P/D</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | ST                     | <input type="checkbox"/> Delete |
| NAME           | FINLEY, EDITH V        |                                 |
| STREET ADDRESS | 7699 KIPLING ST UNIT A |                                 |
| CITY-ST-ZIP    | PENSACOLA FL 32514     |                                 |

|                |     |  |
|----------------|-----|--|
| TITLE          | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |     |  |
| STREET ADDRESS |     |  |
| CITY-ST-ZIP    |     |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| 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"/> Delete |
| 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"/> Delete |
| 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:

**Edith V. Finley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/2/00  
Date475-9372  
Daytime Phone #

CR2E037 (10/00)