

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90137 025 \*\*\*\*61.25

**DOCUMENT # 769041**

1. Entity Name

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



Principal Place of Business

**7704A KIPLING ST  
PENSACOLA FL 32514  
US**

Mailing Address

**7704A KIPLING ST  
PENSACOLA FL 32514  
US**

2. Principal Place of Business

**7705 B KIPLING ST**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 15521**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**PENSACOLA FL**

City & State

**PENSACOLA FL**

4. FEI Number **59-2837941**

Applied For

☐ Not Applicable

Zip

**32514**

Country

**USA**

Zip

**32514**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEELE, RONALD  
7704A KIPLING ST  
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

**JOHN TAYLOR**

Street Address (P.O. Box Number is Not Acceptable)

**7705-B KIPLING ST**

City

**PENSACOLA**

FL

Zip Code

**32514**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**21 MAR 03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete  
NAME **FITZGERALD, BETTY**  
STREET ADDRESS **7700-A KIPLING STREET**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **SD** ☒ Delete  
NAME **STEELE, RONALD JR**  
STREET ADDRESS **7704A KIPLING PL**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **PD** ☒ Delete  
NAME **BARNES, JIM**  
STREET ADDRESS **8052 MALIBU CIRCLE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PD TAYLOR, JOHN**  
STREET ADDRESS **7705-B KIPLING ST**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Change ☒ Addition  
NAME **SD FARLAND BURTSCHELL**  
STREET ADDRESS **7699 - O**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Betty Fitzgerald**

SIGNATURE REQUIRED

**JOHN R. TAYLOR**

**21 MAR 03**

Date

**Betty Fitzgerald**

850-477-5342

Daytime Phone #

CR2E037 (10/02)