

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90051 049 \*\*\*\*61.25

DOCUMENT # 770471

1. Entity Name

LANDFALL OWNERS ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14118 PERDIDO KEY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7823 BAY MEADOWS DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

592662393

Applied For

Not Applicable

Zip

Country

Zip

Country

32507

USA

32507

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DENNIS N. ROWE

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

7823 BAY MEADOWS DRIVE

City

PENSACOLA

FL

Zip Code

32507

**DO NOT WRITE  
IN THIS SPACE**

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]*

Secretary-Treasurer

19 APRIL 2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P-D

ALONSO GALDAMEZ  
725 MARLINSPIKE DRIVE  
PENSACOLA, FL 32507

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V-D

LORRAINE A. ROWE  
7823 BAY MEADOWS DR.  
PENSACOLA, FL 32507

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T-S-D

DENNIS N. ROWE  
7823 BAY MEADOWS DR.  
PENSACOLA, FL 32507

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

HARRY SUGG, JR.  
14620 MULLETT LN  
PENSACOLA, FL 32507

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS N. ROWE (STD)

19 APRIL 2002

850-458-1297

Date

Daytime Phone #

CR2E037B (12/01)