

## 2001 UNIFORM BUSINESS REPORT (UBR)

2/6/01  
2/02FILED  
Apr 16, 2001 8:00 am  
Secretary of State

02-06-2001 90296 014 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                             |                                                                              |
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| <b>DOCUMENT # N00000001664</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                                                                                                                             |                                                                              |
| 1. Entity Name<br><b>SUNSET ESTATE HOMEOWNERS ASSOCIATION OF PENSACOLA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                             |                                                                              |
| Principal Place of Business<br>8680 SCENIC HWY., BOX 18<br>PENSACOLA FL 32514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Mailing Address<br>8680 SCENIC HWY., BOX 18<br>PENSACOLA FL 32514                                                                                                                                                           |                                                                              |
| 2. Principal Place of Business<br><b>Centre Group Properties, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 3. Mailing Address                                                                                                                                                                                                          |                                                                              |
| Subs. Act. #, etc.<br><b>4400 Bayou Blvd Ste 35</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Subs. Act. #, etc.<br><b>4400 Bayou Blvd Ste 35</b>                                                                                                                                                                         |                                                                              |
| City & State<br><b>Pensacola FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | City & State<br><b>Pensacola FL</b>                                                                                                                                                                                         |                                                                              |
| Zip<br><b>32503</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country<br><b>USA</b>           | Zip<br><b>32503</b>                                                                                                                                                                                                         | Country<br><b>USA</b>                                                        |
| 4. FBI Number<br><b>59 - 3664745</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Applied For<br>Not Applicable                                                                                                                                                                                               |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                                                                             |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>JERNIGAN, LEONARD G<br/>8680 SCENIC HWY., BOX 18<br/>PENSACOLA FL 32514</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | 7. Name and Address of New Registered Agent<br>Name <b>Tina Longwell</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4400 Bayou Blvd Ste 35</b><br><b>Pensacola</b><br>City <b>FL</b> Zip Code <b>32503</b> |                                                                              |
| 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 <i>L. Jernigan</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 2-1-01                                                                                                                                                                                                                      |                                                                              |
| FILE NOW:<br>FEE IS \$81.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                                                               |                                                                              |
| Make Check Payable to<br>Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                                                                                                             |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | <b>Leonard G. Jernigan</b><br><b>8680 Scenic Hwy Box 18</b><br><b>Pensacola, FL 32514</b>                                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | <b>Leonard G. Jernigan</b><br><b>8680 Scenic Hwy Box 18</b><br><b>Pensacola, FL 32514</b>                                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | <b>Leonard G. Jernigan</b><br><b>8680 Scenic Hwy Box 18</b><br><b>Pensacola, FL 32514</b>                                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                             |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                             |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another box empowered. |                                 |                                                                                                                                                                                                                             |                                                                              |
| SIGNATURE: <i>L. Jernigan</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 2-1-01                                                                                                                                                                                                                      |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Date                                                                                                                                                                                                                        |                                                                              |

CITE007 (11/00)

All officers and directors shall be indemnified by the Association against all expenses and liabilities including attorney's fees (including appellate proceedings) reasonably incurred in connection with any proceeding or settlement thereof in which they may become involved by reason of holding such office. The Association may purchase and maintain insurance on behalf of all officers and directors against any liability asserted against them or incurred by them in their capacity as officers and directors or arising out of their status as such.

Attachment  
ARTICLE XI  
BYLAWS

DOC # N00000001664

The Bylaws of the Association shall be adopted by the Board of Directors and may be altered, amended or rescinded in the manner provided by the Bylaws.

36902

#### ARTICLE XII

##### OFFICERS, DIRECTORS AND SUBSCRIBERS

The names and street addresses of the initial Officers and Directors and the Subscribers to these Articles of Incorporation are as follows:

|                           |                     |
|---------------------------|---------------------|
| Leonard G. Jernigan       | President/Director  |
| 8680 Scenic Highway       | Secretary/Treasurer |
| Box 18                    |                     |
| Pensacola, Florida 32514. |                     |

#### ARTICLE XIII

##### AMENDMENTS

The Association reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Incorporation by a two-thirds (2/3) vote of all members of the corporation.

#### ARTICLE XIV

##### DISSOLUTION