

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90013 003 \*\*\*\*70.00

**DOCUMENT # N00000006868**

1. Entity Name

**HAYMEADOW HAMMOCK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2299 SCENIC HWY T-8  
 PENSACOLA FL 32501

2299 SCENIC HWY T-8  
 PENSACOLA FL 32501 32503

**744448**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**2299 SCENIC HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**T-8**

City & State

City & State  
**PENSACOLA, FL.**

4. FEI Number

**59-3679003**

Applied For

Not Applicable

Zip

Country

Zip  
**32503**

Country

**U.S.A.**

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

HOLLEY, KYLE  
 2299 SCENIC HWY T-8  
 PENSACOLA FL 32501 32503

Name **HOLLEY, KYLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2299 SCENIC HWY T-8**  
 City **PENSACOLA** FL Zip Code **32503**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DPS HOLLY, KYLE 2299 SCENIC HWY T-8 PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HOLLEY, JOHN 144 TIMBER COURT DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, GLEN 1565 CHINA GROVE TRAIL TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLEY, DAVID PO BOX 22616 LAKE BUENA VISTA FL 32830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HOLLEY, KYLE 2299 SCENIC HWY T-8 PENSACOLA, FL. 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HOLLEY, JOHN III. 797 PINE ST. PENSACOLA, FL. 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DESTIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(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: Kyle S. Holley DATE: 4/6/01 (850) 438-6113  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/00)