

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90051 020 ****61.25

DOCUMENT # N00000008486

1. Entity Name

THE VILLAGES AT MARCUS LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

224 E GARDEN ST

**#1
PENSACOLA FL 32501**

Mailing Address

~~2280 NORTH NINTH AVENUE~~
~~PENSACOLA FL 32501~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite #1

City & State

Suite, Apt. #, etc.

Suite #1

City & State

Pensacola FL

Zip

Country

Zip

32501

Country

4. FEI Number

59-3669483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REALTY WARD, SANDRA J
224 E GARDEN ST #1
PENSACOLA FL 32501**

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

SIGNATURE

Sandra J Ward

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

(NOTE: Registered Agent signature required when reinstating)

4-29-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D - President	<input checked="" type="checkbox"/> Delete
NAME	PREER, SANDRA B	
STREET ADDRESS	2280 NORTH NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, RALPH M	
STREET ADDRESS	2280 NORTH NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYD, JAMES C	
STREET ADDRESS	2280 NORTH NINTH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT + DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH HALL	
STREET ADDRESS	1630 GALVIN	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerri Ralston	
STREET ADDRESS	3229 TWO SISTERS WAY	
CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRICK STEMEN	
STREET ADDRESS	3307 TWO SISTERS WAY	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Gerri Ralston

850-453-4235
4-29-03

CR2E037 (10/02)