

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

4/23

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90098 038 \*\*\*61.25

**DOCUMENT # N02000009460**

1. Entity Name

**MAUI GARDENS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

8680 SCENIC HIGHWAY, BOX 18  
PENSACOLA FL 32514

Mailing Address

8680 SCENIC HIGHWAY, BOX 18  
PENSACOLA FL 32514

2. Principal Place of Business

5508-B NORTH W ST.

Suite, Apt. #, etc.

3. Mailing Address

(SAME) 5508-B NORTH W ST.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3060164

Applied For

Not Applicable

Zip

32505

Country

ESCAMBIA

Zip

32505

Country

ESCAMBIA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JERNIGAN, LEONARD  
8680 SCENIC HIGHWAY BOX 18  
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name GAIL MORRIS

Street Address (P.O. Box Number is Not Acceptable)  
5508-B NORTH W ST.

PENSACOLA FL

FL

Zip Code 32505

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 *Gail D. Morris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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	PST	<input checked="" type="checkbox"/> Delete
NAME	JERNIGAN, LEONARD	
STREET ADDRESS	8680 SCENIC HIGHWAY, BOX 18	
CITY-ST-ZIP	PENSACOLA FL 32514	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>PST</del> PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL MORRIS	
STREET ADDRESS	5508-B NORTH W ST	
CITY-ST-ZIP	PENSACOLA FL 32505	D
TITLE	JENNIFER LAFITZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	S
STREET ADDRESS		D
CITY-ST-ZIP		
TITLE	FRED STUCK - T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	D
STREET ADDRESS		
CITY-ST-ZIP		
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:

*GAIL MORRIS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03 850 469-0977

CR2E037 (10/02)