## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2001 8:00 am 5 Secretary of State DOCUMENT # NO2789 1. Entity Name LORELEI CONDOMINIUM OWNER'S ASSOCIATION, INC. 04-09-2001 90071 006 \*\*\*\*61.25 Principal Place of Business Mailing Address 17135 PERIDO KEY DRIVE 17135 PERIDO KEY DRIVE #301 #301 D0032995 PENSACOLA FL 32507 PENSACOLA FL 32507 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-1030170 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PAUL W. GROOM, II 226 S. PALAFOX PLACE 9TH FLOOR - SEVILLE TOWER Zip Code FI PENSACOLA FL 32501 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** DATE Signature, typed or printed name of registered agent and title if applicable . (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **\$5.00** May Be 9. Election Campaign Financing FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE □ Defete TITLE NAME HAAS, WILLIAM O NAME STREET ADDRESS STREET ADDRESS 577 FAIRHOPE AVE. CITY-ST-ZIP CITY-ST-ZIE FAIRHOPE AL Change ☐ Addition TITLE PD ☐ Delete TITLE NAME CLEVLAND, O.A. NAME STREET ADDRESS STREET ADDRESS **505 CANTERBURY ROAD** CITY-ST-ZIP CITY-ST-ZIP STARKVILLE MO ☐ Addition ☐ Change Delete ---TITLE TITLE -NAME HAYTON, WILLIAM H NAME STREET ADDRESS STREET ADDRESS 3206 BAYOU BLVD. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Addition ☐ Change Delete TITLE NAME O'BRIEN, BARBARA STREET ADDRESS STREET ADDRESS 17135 PERIDO KEY DRIVE, #301 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME HAYTON, WILLIAM H. STREET ADDRESS STREET ADDRESS 3206 BAYOU BLVD. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

☐ Addition