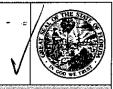
NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 02789

1. Entity Name

Lorelei Condominium Owner's Association, Inc



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90125 007 ****61.25

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2. Principal Place of Business

/ 3880 Perdudo Key Dr / 3880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. Mailing Address /3880 Perdido Key Dr. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

 City & State
 Pensacola
 FL
 4. FEI Number
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DO NOT WRITE IN THIS SPACE

				44		
Name	Br	ei	nda	Be	un	ner

Street Address (P.O. Box Number is Not Acceptable)

city Pensacola

FL Zinc 32507

Applied For

\$8.75 Additional

Not Applicable

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.
Brenda beumer
Manager

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2-4-03

FEE IS \$61.25 Initial or Amended UBR

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

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10.	OFF10	CERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - Denis P.O. B Oran	se Palmer sox 874 ge Beach	AL36561	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV# Barb 17135 Pensa	ara O'Brie Pendidokey cola, FC 3	20 10r #301 02507	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME Street Address City-St-Zip	Jacks	Flanagan East Woodr on MS 39	1211	TITLE NAME STREET ADDRESS* CITY-ST-ZIP	DO	NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

mise talonia D

Denise Palmer 2-4-0

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