**2001 UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # N02971  1. Entity Name				Sec	Secretary of State			
PORT ROYAL COMMUNITY ASSOCIATION, INC.				07-3	31-2001 90243 03	7 ****61.25		
Principal Place of Business Mailing Address			(n)	2				
713 S. PALAFOX STREET PENSCOLA FL 32501		P.O. BOX 12711 PENSACOLA FL 32575			0006	921 <i>1</i>		
}				 				
2. Principal Place of Business 24 Port Royal Way		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
Pensacola FL		City & State		4. FEI Number 59-3582891 Applied For Not Applicable				
32 50	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name Q	1	iress of New Register	ed Agent		
BREAZELL, LEIGHTON Street				andra J. Ward Iress (P.O. Box Alumber is Not Acceptable) 4 E. Garden Street				
504 PORT ROYAL WAY			224	F.E. Gara	en Stree	<u>کا</u>		
PENSACOLA FL 32501			City 1		<u></u>	L Zip Code	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered at						<u> </u>	50.)	
SIGNATURE Signature, typed or printed negro of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
						<del></del>	<del></del>	
FILE NOW: FEE IS \$61.25  After September 12, 2001, min. will be \$236.25  9. Election Campaign Financing Trust Fund Contribution.				<b>\$5.00</b> May Be Added to Fees		eck Payable t ment of State		
10. OFFICERS AND DIRECTORS		RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	DPV HEATH, ROBERT N	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	1220 DUNFORD PLACE		STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32503 PD		CITY-ST-ZIP	- · <del>- ·</del> · ·		☐ Change	☐ Addition	
NAME	BREAZEALE, LEIGHTON	☐ Delete	NAME			change	Addition	
STREET ADDRESS	504 PORT ROYAL WAY PENSACOLA FL 32501		STREET ADDRESS CITY-ST-ZIP				1	
TITLE	D	☐ Delete	TITLE	<del></del>	1	Change	Addition	
NAME STREET ADDRESS	KINSER, RALPH 806 PORT ROYAL WAY		NAME Street address	,				
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP					
TITLE	DS PULLOCK KETTU	☐ Delete	TITLE		- <del></del> -	☐ Change	Addition	
NAME STREET ADDRESS	BULLOCK, KEITH 200 S. TARRAGONA		NAME STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP	·	<del></del>		ľ	
TITLE								
NAME	TD CARR, JOHN S	☐ Delete	TITLE NAME			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	CARR, JOHN S 17 WEST CEDAR STREET, SUITI					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	CARR, JOHN S		NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	CARR, JOHN S 17 WEST CEDAR STREET, SUITI	E #3	NAME STREET ADDRESS CITY-ST-ZIP	· to				

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 employered 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:

EXIGH LOW BRESTELS PRESIDENT

7/25/01 850 438-7556