

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-15-2000 90254 042 ****61.25

DOCUMENT # N03837

1. Entity Name

PLEASANTWOOD HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1415 N. 61ST AVENUE
 PENSACOLA FL 32506

1415 N. 61ST AVENUE
 PENSACOLA FL 32506-5062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2662069

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHIS, SHARON
6393 LAKE CHARLENE DRIVE
PENSACOLA FL 32506

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MATHIS, SHARON
 STREET ADDRESS 6393 LAKE CHARLENE DR.
 CITY-ST-ZIP PENSACOLA FL Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE DVS
 NAME MORRIS, JULIA
 STREET ADDRESS 1415 N 61ST AVE.
 CITY-ST-ZIP PENSACOLA FL Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE DT
 NAME MATHIS, JULIUS
 STREET ADDRESS 1280-174 TASMAN
 CITY-ST-ZIP SUNNYVALE CA Delete

TITLE DT
 NAME Priscilla Mathis
 STREET ADDRESS 1280-174 Tasman
 CITY-ST-ZIP Sunnyvale, Ca Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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: *RESHADU MATHIS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00, 850 455-8178
 Date Daytime Phone #

CR2E037 (9/99)