

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90001 040 ****61.25

0017384

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

2. Principal Place of Business

3. Mailing Address

6393 Lake Charlene Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

4. FEI Number

59-2662069

Applied For

Not Applicable

Zip

Country

Zip

Country

32506

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.

(NOT: 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	<input type="checkbox"/> Delete
NAME	MATHIS, SHARON	
STREET ADDRESS	6393 LAKE CHARLENE DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MORRIS, JULIA	
STREET ADDRESS	1415 N 61ST AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MATHIS, PRISCILLA	
STREET ADDRESS	1280-174 TASMAN	
CITY-ST-ZIP	SUNNYVALE CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

SIGNATURE:

Sharon Mathis D

5/31/01

850 455-8178

CR2E037 (10/00)