

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90084 015 \*\*\*\*61.25

**DOCUMENT # N04219**

1. Entity Name

**KEY WINDS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

13574 PERDIDO KEY DR  
 #301  
 PENSACOLA FL 32507  
 US

Mailing Address

13574 PERDIDO KEY DR  
 #301  
 PENSACOLA FL 32507  
 US

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

**26-6745511**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SOREL, ROBERT T**  
**13574 PERDIDO KEY DR**  
**#202**  
**PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

Name **Robert L. Burnett**

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

**13574 Perdido Key Drive #301**

City **Pensacola**

**FL**

Zip Code **32507**

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.

SIGNATURE

*Robert L. Burnett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**10 Sep 02**

**After September 13, 2002,**  
**min. will be \$236.25.**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BURNETT, ROBERT	
STREET ADDRESS	13574 PERDIDO KEY DR., #301	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALE, CINDY	
STREET ADDRESS	PO BOX 102	
CITY-ST-ZIP	ERWINA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, CINDY	
STREET ADDRESS	P O BOX 102	
CITY-ST-ZIP	ERWINA PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, ROBERT	
STREET ADDRESS	13574 PERDIDO KEY DR STE 301	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOREL, ROBERT	
STREET ADDRESS	13574 PERDIDO KEY DR STE 202	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miles V. Roach	
STREET ADDRESS	13950 Canal Dr.	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

*Robert L. Burnett*

**10 Sep 02**

CR2E037 (4/02)