1. Entity Nam	MENT # N0547 0 1's run homeowners as	$A_{\mathbf{J}}$	FILED Apr 26, 2000 8:00 am Secretary of State				
					Secretary 0 04-26-2000 90173 01		
Principal Place of Business		Mailing Address			04-26-2000 901 / 3 01	2 ******61.	.25
10045 FOX RUN ROAD PENSACOLA FL 32514 US		10045 FOX RUN ROAD PENSACOLA FL 32514-7476 US					: • • • • • • • • • • • • • • • • • • •
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	PACE	
City & State		City & State		4. FEI Number	59-2456280	<u> </u>	plied For t Applicable
Zip Country		Zip	Country	5. Certificate of Status Desired		8.75 Add ee Required	
6. Name and Address of Curre				7. Name and Ad	7. Name and Address of New Registered Agent		
				-Name Clancey, Robert J.			
CMANCEY, ROBERT J. 10045 FOX RUN ROAD PENSACOLA FL 32514			Street Address (P.O. Box Number is Not Acceptable)				
LITOROS			City P	nsacola F	FL.	Zip Code	14
SIGNATURE	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contributi	inancing on.	\$5.00 May Be Added to Fees	Make Check P Department	ayable to	00
10.	OFFICERS AND I		11.		GES TO OFFICERS AND DIR	Change	Addition 8
NAME STREET ADDRESS	PD MCGEE, STEVE 10025 FOX RUN ROAD	Delete .	NAME STREET ADDRESS CITY-ST-ZIP	Buckley, Cli	9f 1 Rd 1 33514-743		
CITY-ST-ZIP TITLE NAME	VDTD CLANCEY, ROBERT J	☐ Delete		secretary/ Clancey Ro	Treasurerso,TD bert J un Rd	Change	Addition
STREET ADDRESS CITY-ST-ZIP	10045 FOX RUN RD. PENSACOLA: FL		STREET ADDRESS	Pensacola,	EL-3.25-1.451 ent VD	1476	
TITLE NAME STREET ADDRESS	PD BUCKLEY, CLIFF 10025 FOX RUN ROAD	☐ Delete	NAME STREET ADDRESS	Ables, Rick	Run Rd		Addition
CITY-ST-ZIP	PENSACOLA FL 32514		CITY-\$T-ZIP	Mensacola,	FL 32514-7	☐ Change	
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:

SIGNATURE AND THE ON PRINTED NAME OF SIGNATURE OF PRINTED NAME OF SIGNATURE OF DIRECTOR