

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15391

1. Entity Name

HUNTERS COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% KIMBERLY D. BUBERT
1455 ACORN LANE APT. J
PENSACOLA FL 32514
US

% KIMBERLY D. BUBERT
P.O. BOX 10546
PENSACOLA FL 32524-0546

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUBERT, KIMBERLY D.
4211 CIUDAD DRIVE
PENSACOLA FL 32514

Name
Kimberly D. Bubert

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

801 WITT LANE

City Cantonment

FL

Zip Code 32533

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

4/2/02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUBERT, KIMBERLY D.
4211 CIUDAD DR
PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
3000 LANGLEY AVE STE 402
PENSACOLA FL 32504 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tom Fruittichen
3000 Langley Ave Ste 402
Pensacola, FL 32504 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWERY, ROGER
3000 LANGLEY AVE STE 402
PENSACOLA FL 32504 ☐ 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
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/2/02

CR2E037 (9/01)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90168 026 ****61.25



DO NOT WRITE IN THIS SPACE