

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 012 *****61.25

DOCUMENT # N15585

1. Entity Name

UNIVERSITY STATION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**2032 CAMBRIDGE CRCL.
PENSACOLA FL 32514**

Mailing Address

**2032 CAMBRIDGE CRCL.
PENSACOLA FL 32514**

2. Principal Place of Business

PO Box 15282

PENSACOLA

City & State

FL

Zip

32514

Country

ESC

3. Mailing Address

PO Box 15282

PENSACOLA

City & State

FL

Zip

32514

Country

ESC



☒ CHECK HERE IF MAKING CHANGES

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

**LINDBERG, JEAN F
2074 CAMBRIDGE CIRCLE
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	LINDBERG, JEAN F	
STREET ADDRESS	2074 CAMBRIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANSON, CHARLES	
STREET ADDRESS	2060 CAMBRIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOYT, GERALD L	
STREET ADDRESS	2036 CAMBRIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULTER, JUNE	
STREET ADDRESS	2020 CAMBRIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRITION, ROBERT	
STREET ADDRESS	2040 CAMBRIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESTAFNEY, PEGGY	
STREET ADDRESS	2008 CAMBRIDGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32514	

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	MERRIL WILLIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2021 CAMBRIDGE CR	
STREET ADDRESS	PENSACOLA, FL 32514	
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		<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		

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 REQUIRED**

4/26/03 850-494-0097

CR2E037 (10/02)