

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

07-24-2001 90012 037 ****61.25

DOCUMENT # N17294

1. Entity Name

PINE WOODS HOMEOWNERS' ASSOCIATION OF PENSACOLA,

Principal Place of Business

801 PINEY LANE
 P. O. BOX 994
 CANTONMENT FL 32533
 US

Mailing Address

801 PINEY LANE
 P. O. BOX 994
 CANTONMENT FL 32533
 US

11581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710 Piney Lane

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 994

P.O. Box 994

City & State

Cantonment FL

City & State

Cantonment FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip Country
 FL 32533 US

Country

Zip Country
 32533 US

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, KEN
 801 PINEY LANE
 CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name: **MARK LUCAS**
 Street Address (P.O. Box Number is Not Acceptable):
710 PINEY LANE
CANTONMENT
 City: **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

7/14/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP** Delete
 NAME: **ALBRITTON, KEN**
 STREET ADDRESS: **801 PINEY LANE**
 CITY-ST-ZIP: **CANTONMENT FL 32533**

TITLE: **PRESIDENT** Change Addition
 NAME: **MARK LUCAS, DP**
 STREET ADDRESS: **710 PINEY LANE**
 CITY-ST-ZIP: **CANTONMENT, FL 32533**

TITLE: **DV** Delete
 NAME: **LEWIS, PAUL**
 STREET ADDRESS: **790 PINEY LANE**
 CITY-ST-ZIP: **CANTONMENT FL 32533**

TITLE: **Secretary** Change Addition
 NAME: **LARRY CROSBY, T**
 STREET ADDRESS: **705 PINEY LANE**
 CITY-ST-ZIP: **CANTONMENT, FL 32533**

TITLE: **ST** Delete
 NAME: **JONES, PAUL**
 STREET ADDRESS: **810 HWY 97 S.**
 CITY-ST-ZIP: **CANTONMENT FL 32533**

TITLE: **SECRETARY - TREASURER** Change Addition
 NAME: **SUSAN WISCOMBE, ST**
 STREET ADDRESS: **731 PINEY LANE**
 CITY-ST-ZIP: **CANTONMENT, FL 32533**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: **TOM GILLIAM, T**
 STREET ADDRESS: **751 PINEY LANE**
 CITY-ST-ZIP: **CANTONMENT, FL 32533**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: **Aubrey Anderson, T**
 STREET ADDRESS: **5905 Kendall Ave**
 CITY-ST-ZIP: **PENSACOLA, FL 32503**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: **Allan Miller, T**
 STREET ADDRESS: **730 Piney Ln**
 CITY-ST-ZIP: **CANTONMENT, FL 32533**

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 duly empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/14/01

Date

(250) 937-8792

Daytime Phone #

CR2E037 (5/01)