2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # N36644** 1. Entity Name MONTAGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC 01-25-2000 90041 037 ****61.25 Principal Place of Business Mailing Address PO BOX 30416 PO BOX 30416 PENSACOLA FL 32503-1416 PENSACOLA FL 32503 805264 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3010640 Not Apolic Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired - Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FOGG, PAT 5423 DYNASTY DR PENSACOLA FL 32504 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. 化隔离 医肾髓 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Delete TITLE ☐ Addition TITI F FOGG, PAT NAME NAME STREET ADDRESS STREET ADDRESS 5423 DYNASTY DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL D Change ☐ Addition TITLE VD ☐ Delete TITLE SKAGGS, PAT NAME NAME STREET ADDRESS STREET ADDRESS 4302 MONTAGE DR CITY-ST-ZIP CITY-ST-ZIP Pensacola Fl ☐ Change Addition TITLE ☐ Delete TITLE Evans, Ginny NAME NAME STREET ADDRESS STREET ADDRESS 5437 DYNASTY DR. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change Delete Addition TITLE TD TITLE BRAGG, BERDENA NAME NAME STREET ADDRESS STREET ADDRESS 5414 DYNASTY DR CITY-ST-ZIP CITY-ST-7/P PENSACOLA FL VTD ☐ Delete Change Addition TITLE NAME LUPONE, DON STREET ADDRESS STREET ADDRESS 5425 DYNASTY DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE ☐ Delete TITLE ☐ Change Addition YOUNG, RAY NAME NAME STREET ADDRESS STREET ADDRESS 4321 MONTAGE DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL

12. Thereby 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

1/15/2000 (850) 477-9085 Date Deytime Phone *