

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37116** (3)

1. Corporation Name

LAFITTE COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1062
PENSACOLA BEACH FL 32562-1062

P.O. BOX 1062
PENSACOLA BEACH FL 32562-1062

3. Date Incorporated or Qualified
03/13/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3004017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JOHN R.
151 LEPONT DRIVE
PENSACOLA BEACH FL 32561**

81 Name **GROW, THOMAS E.**
82 Street Address (P.O. Box Number is Not Acceptable)
1060 FT. PICKENS RD.
83 **PO BOX 1062**
84 City **PENSACOLA BEACH** FL 85 Zip Code **32561**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GILLHAM, STEVE R	
STREET ADDRESS	151 LEPONT DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWNLIE, ROBERT	
STREET ADDRESS	137 LEPONT DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAIGLE, SHANE	
STREET ADDRESS	157 LEPONT DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, ROD	
STREET ADDRESS	139 LEPONT DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSNER, MICHAEL	
STREET ADDRESS	1040 FT DICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS GROW
2.3 STREET ADDRESS	1060 FT PICKENS RD
2.4 CITY-ST-ZIP	PENSACOLA BEACH FL 32561
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAIGLE, SHANE
3.3 STREET ADDRESS	157 LEPONT DR
3.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MAYO, WILLIAM JR.
4.3 STREET ADDRESS	5555 PINEHURST COURT
4.4 CITY-ST-ZIP	PENSACOLA 32504
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NYE, CHARLES
5.3 STREET ADDRESS	4261 REYNOSA DR.
5.4 CITY-ST-ZIP	PENSACOLA, FL 32504
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

THOMAS E. GROW 4/28/96 932-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)