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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32562-1062P.O. BOX 1062
PENSACOLA BEACH FL 32562-1062

3. Date Incorporated or Qualified

03/13/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3004017

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROW, THOMAS E.
1060 FT PICKENS RD
PO BOX 1062
PENSACOLA BEACH FL 32561

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 ☒ DELETETD
NAME GILLHAM, STEVE R
STREET ADDRESS 151 LEPOINT DRIVE
CITY-ST-ZIP PENSACOLA BEACH FLTITLE ☐ DELETEPD
NAME GROW, THOMAS
STREET ADDRESS 1060 FT PICKENS RD
CITY-ST-ZIP PENSACOLA BEACH FLTITLE ☐ DELETED
NAME MAYO, WILLIAM JR.
STREET ADDRESS 5555 PEACHTREE CT
CITY-ST-ZIP PENSACOLA BEACH FLTITLE ☒ DELETED
NAME NYE, CHARLES
STREET ADDRESS 4261 REYNOSA DR.
CITY-ST-ZIP PENSACOLA BEACH FLTITLE ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☒ AdditionPD
NAME PEAVY, VAN
STREET ADDRESS 226 LE STAABOARD DR.
CITY-ST-ZIP PENSACOLA BEACH, FL 325612.1 TITLE ☐ Change ☒ AdditionV/D
NAME DOUGLAS HERRICK
STREET ADDRESS 165A LEPOINT DRIVE
CITY-ST-ZIP PENSACOLA BEACH, FL 325613.1 TITLE ☐ Change ☒ AdditionD
NAME THOMAS MANION
STREET ADDRESS 4110 CROYDON RD.
CITY-ST-ZIP PENSACOLA, FL 325144.1 TITLE ☒ Change ☐ AdditionS/T/D
NAME GROW, THOMAS
STREET ADDRESS 1060 FT PICKENS RD
CITY-ST-ZIP PENSACOLA BEACH FL 325615.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS E. GROW 1/27/97 932-1722

CP2E037 (9/96)