

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 27, 1999 8:00 am  
Secretary of State

05-27-1999 90004 040 \*\*\*\*61.25

DOCUMENT # N37116

1. Corporation Name

LAFITTE COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/13/1990

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☒ DELETE  
NAME PEAVY, VAN  
STREET ADDRESS 226 LE STARBOARD DR.  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE VD ☒ DELETE  
NAME MAYO, WILLIAM JR.  
STREET ADDRESS 5555 PEACHTREE CT  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE PD ☒ DELETE  
NAME DAIGLE, SHANE  
STREET ADDRESS 157 LE PORT DRIVE  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE D ☒ DELETE  
NAME MANION, THOMAS  
STREET ADDRESS 4110 CROYDON RD.  
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☐ DELETE  
NAME GROW, THOMAS  
STREET ADDRESS 1060 FT. PICKONS RD.  
CITY-ST-ZIP PENSACOLA BEACH FL

TITLE PD ☐ DELETE  
NAME GROW, THOMAS  
STREET ADDRESS 1060 FT. PICKONS RD.  
CITY-ST-ZIP PENSACOLA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☒ Addition  
1.2 NAME SCOTT ANDERSON  
1.3 STREET ADDRESS 1010 FT. PICKENS ROAD  
1.4 CITY-ST-ZIP PENSACOLA BEACH, FL 32561

2.1 TITLE VD ☒ Change ☒ Addition  
2.2 NAME EDWIN YEE  
2.3 STREET ADDRESS 129 LE PORT DRIVE  
2.4 CITY-ST-ZIP PENSACOLA BEACH, FL 32561

3.1 TITLE PD ☒ Change ☒ Addition  
3.2 NAME PETER WALKSLEY  
3.3 STREET ADDRESS 1074 FORT PICKENS ROAD  
3.4 CITY-ST-ZIP PENSACOLA BEACH, FL 32561

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME GERALD JERNIGAN  
4.3 STREET ADDRESS 242 LE STARBOARD DR.  
4.4 CITY-ST-ZIP PENSACOLA BEACH, FL 32561

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/27/99 850 932 1722

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