

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # N37116****1. Entity Name**
LAFITTE COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 1062 PENSACOLA BEACH FL 325621062	Mailing Address P.O. BOX 1062 PENSACOLA BEACH FL 325621062
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3004017	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GROW THOMAS E. 1060 FT PICKENS RD PO BOX 1062 PENSACOLA BEACH FL 32561 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** **04/15/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.**SIGNATURE:** THOMAS E. GROW STD 04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)