

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37116

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: LAFITTE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1062
PENSACOLA BEACH, FL 325621062

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1062
PENSACOLA BEACH, FL 325621062

New Mailing Address:

FEI Number: 59-3004017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLENDENON, RANDALL
Address: 260 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: V () Delete
Name: MAY, ROY J
Address: 216 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: WALMSLEY, PETER
Address: 1074 FORT PICKENS ROAD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: JERNIGAN, GERALD
Address: 242 LESTAR BOARD DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: STD () Delete
Name: GROW, THOMAS
Address: 1060 FT. PICKONS RD.
City-St-Zip: PENSACOLA BEACH, FL

Title: D () Delete
Name: DAIGLE, SHANE
Address: 157 LE PORT DRIVE
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLENDENON, RANDALL
Address: 260 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: V (X) Change () Addition
Name: ALMON, TOM
Address: 230 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D (X) Change () Addition
Name: HANSON, FRANCES
Address: 1060 FORT PICKENS ROAD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: P (X) Change () Addition
Name: JERNIGAN, GERALD
Address: 242 LESTAR BOARD DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. GROW

STD

04/27/2002

Electronic Signature of Signing Officer or Director

Date