

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90141 020 \*\*\*\*61.25

**DOCUMENT # N37116**

1. Entity 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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3004017**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **CLENDENON, RANDALL**  
STREET ADDRESS **260 LE STARBOARD DR**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **VP** ☐ Change ☒ Addition  
NAME **EMLET, CARLA**  
STREET ADDRESS **1022 FT. PICKENS ROAD**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE **V** ☐ Delete  
NAME **ALMON, TOM**  
STREET ADDRESS **230 LE STARBOARD DR**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **P** ☒ Change ☐ Addition  
NAME **ALMON, TOM**  
STREET ADDRESS **230 LE STARBOARD DR.**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE **D** ☐ Delete  
NAME **HANSON, FRANCES**  
STREET ADDRESS **1060 FORT PICKENS ROAD**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **D** ☐ Change ☒ Addition  
NAME **PATTERSON, IRVING**  
STREET ADDRESS **1038 FORT PICKENS RD.**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

TITLE **P** ☒ Delete  
NAME **JERNIGAN, GERALD**  
STREET ADDRESS **242 LESTAR BOARD DR.**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **D** ☐ Change ☐ Addition  
NAME **HARRINGTON, STONE**  
STREET ADDRESS **1030 FORT PICKENS RD.**  
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 GROW* **THOMAS GROW** 3/29/03

CR2E037 (10/02)