

FILE NOW: FILING FEE IS \$61.25

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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006961 (3)
1. Corporation Name
GASLIGHT SQUARE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 8826 NORTH DAVIS HIGHWAY SUITE 1 PENSACOLA FL 32514	Mailing Address 8826 NORTH DAVIS HIGHWAY SUITE 1 PENSACOLA FL 32514
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3. Date Incorporated or Qualified 12/15/1997	
4. FEI Number 62-1722219	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PAGE, WILEY C
8826 NORTH DAVIS HIGHWAY
SUITE 1
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent
81. Name **Jackie P. Melvin**
82. Street Address (P.O. Box Number is Not Acceptable)
8826 North Davis Highway
83. **Suite 1**
84. City **Pensacola** **FL** 85. Zip Code **32514**

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 *Jackie P. Melvin* DATE **2/23/98**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WEBER, JAY W
STREET ADDRESS	3800 AIRPORT BOULEVARD, SUITE 200
CITY-ST-ZIP	MOBILE AL 36608
TITLE	D <input type="checkbox"/> DELETE
NAME	LORD, L. ELLIS
STREET ADDRESS	3800 AIRPORT BOULEVARD, SUITE 200
CITY-ST-ZIP	MOBILE AL 36608
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PAGE, WILEY C
STREET ADDRESS	8826 NORTH DAVIS HIGHWAY, SUITE 1
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACKIE P. MELVIN
4.3 STREET ADDRESS	8826 NORTH DAVIS HIGHWAY, SUITE 1
4.4 CITY-ST-ZIP	PENSACOLA, FL 32514
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CHARLES EDGAR, JR.
5.3 STREET ADDRESS	8826 NORTH DAVIS HIGHWAY, SUITE 1
5.4 CITY-ST-ZIP	PENSACOLA, FL 32514
6.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KAREN A. BROOKS
6.3 STREET ADDRESS	8826 NORTH DAVIS HIGHWAY, SUITE 1
6.4 CITY-ST-ZIP	PENSACOLA, FL 32514

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.

SIGNATURE: *[Signature]* **REQUIRED** **2-25-98** (334) 343-8198

CR2E037 (10/97)