

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>8826 NORTH DAVIS HIGHWAY SUITE 1 PENSACOLA FL 32514</b>	Mailing Address <b>8826 NORTH DAVIS HIGHWAY SUITE 1 PENSACOLA FL 32514</b>
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3. Date Incorporated or Qualified  
**12/15/1997**

4. FEI Number  
**62-1722219**

Applied For  
Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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*

(NOTE: Registered Agent signature required when reinstating)

**2/23/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WEBER, JAY W</b>
STREET ADDRESS	<b>3800 AIRPORT BOULEVARD, SUITE 200</b>
CITY-ST-ZIP	<b>MOBILE AL 36608</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>LORD, L. ELLIS</b>
STREET ADDRESS	<b>3800 AIRPORT BOULEVARD, SUITE 200</b>
CITY-ST-ZIP	<b>MOBILE AL 36608</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAGE, WILEY C</b>
STREET ADDRESS	<b>8826 NORTH DAVIS HIGHWAY, SUITE 1</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Secretary</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Treasurer</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D, P</b>
4.3 STREET ADDRESS	<b>JACKIE P. MELVIN</b>
4.4 CITY-ST-ZIP	<b>8826 NORTH DAVIS HIGHWAY, SUITE 1</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>V</b>
5.3 STREET ADDRESS	<b>CHARLES EDGAR, JR.</b>
5.4 CITY-ST-ZIP	<b>8826 NORTH DAVIS HIGHWAY, SUITE 1</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Asst. Secretary</b>
6.3 STREET ADDRESS	<b>KAREN A. BROOKS</b>
6.4 CITY-ST-ZIP	<b>8826 NORTH DAVIS HIGHWAY, SUITE 1</b>

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:

*Jackie P. Melvin*

**2-25-98**

(334) 343-8198

CR2E037 (10/97)