

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005522

1. Entity Name

DOLPHIN PASS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

226 PALAFOX PLACE  
NINTH FLOOR  
PENSACOLA FL 32501

Mailing Address

226 PALAFOX PLACE  
NINTH FLOOR  
PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

109 NORTH PARK, SUITE 320

Suite, Apt. #, etc.

109 NORTH PARK, SUITE 320

City & State

COVINGTON, LA.

City & State

COVINGTON, LA.

Zip

70433

Country

USA

Zip

70433

Country

USA

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B  
226 PALAFOX PLACE  
NINTH FLOOR  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BRIAN B	
STREET ADDRESS	1538 SYCAMORE PLACE	
CITY-ST-ZIP	MANDEVILLE LA 70448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, GREGG A	
STREET ADDRESS	69459 HIGHWAY 59	
CITY-ST-ZIP	ABITA SPRINGS LA 70420	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, JERRY H	
STREET ADDRESS	82100 HIGHWAY 1080	
CITY-ST-ZIP	FOLSOM LA 70437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARP, GARY W	
STREET ADDRESS	63111 NORTH WOODS ROAD	
CITY-ST-ZIP	BOGALUSA LA 70247	
TITLE	D	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD
NAME	MIKE SANDERSON	
STREET ADDRESS	109 NORTH PARK, SUITE 320	
CITY-ST-ZIP	COVINGTON, LA. 70433	
TITLE	D	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> ADD
NAME	WAYNE M. LEBLANC	
STREET ADDRESS	109 NORTH PARK, SUITE 320	
CITY-ST-ZIP	COVINGTON, LA. 70433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC WENDEL	
STREET ADDRESS	1710 ORLEANS ST.	
CITY-ST-ZIP	MANDEVILLE, LA. 70448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State  
05-03-2001 91159 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)