2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900007152

Entity Name

CITY-ST-ZIP

SIGNATURE: -SIGNATURE

NANTUCKET PLACE OF PENSACOLA HOMEOWNERS ASSOCIAT

Principal Place of Business 3298 SUMMIT BLVD.. #18 PENSACOLA FL 32503-4350 Mailing Address

3298 SUMMIT BLVD.. #18 PENSACOLA FL 32503-4350

3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3627855 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MICHAEL, JEFFREY A 3298 SUMMIT BLVD., #18 PENSACOLA FL 32503-4350 Zip Code City FL 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE michael, Veffrey X. TITLE 3298 Sommit Btvd #18 NAME MICHAEL, JEFFREY A STREET ADDRESS STREET ADDRESS 3298 SUMMIT_BLVD., #18. Pensacola, FL 32503 - 4350 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503-4350 ☐ Delete TITLE Franz Von A. Bird., #18 NAME FRANZ, JON A STREET ADDRESS STREET ADDRESS 3298 SUMMIT BLVD., #18 Pensacola, LL 32503-, 4350 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503-4350 ☐ Delete TITLE TITLE ms Innis, Alley E. MCINNIS, ALLEY E NAME NAME 3298 Summit Blod. STREET ADDRESS STREET ADDRESS 3298 SUMMIT BLVD., #18 CITY-ST-ZIP CITY-ST-ZIP Pensacola PENSACOLA FL 32503-4350 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 in changed, or on an attachment with an address, with all other like empowered.

FILED

Apr 10, 2000 8:00 am Secretary of State

04-10-2000 90172 001 ***183.75

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04/03/00 433 - 6400 Date Dayline Phone #