

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007152

1. Entity Name

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

2. Principal Place of Business

3298 Summit Blvd
Suite, Apt. #, etc.
Suite 4

3. Mailing Address

3298 Summit Blvd
Suite, Apt. #, etc.
Suite 4

City & State

PENSACOLA FL.

City & State

PENSACOLA FL.

Zip

32503

Country

Escambia

Zip

32503

Country

Escambia

4. FEI Number

59-3627855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL, JEFFREY A
3298 SUMMIT BLVD., #18
PENSACOLA FL 32503-4350

7. Name and Address of New Registered Agent

Name

Ray O. Etheridge

Street Address (P.O. Box Number is Not Acceptable)

3298 Summit Blvd

Suite 4

City

PENSACOLA

FL

Zip Code

32503

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, JEFFREY A	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503-4350	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANZ, JON A	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503-4350	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCINNIS, ALLEY E	
STREET ADDRESS	3298 SUMMIT BLVD., #18	
CITY-ST-ZIP	PENSACOLA FL 32503-4350	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Tuttle	
STREET ADDRESS	3298 Summit Blvd Ste 18	
CITY-ST-ZIP	PENSACOLA FL 32503	
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

Ronald Tuttle, President 4-9-01

850-434-3585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)