

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90390 048 ****61.25

DOCUMENT # N99000007152

1. Entity Name

NANTUCKET PLACE OF PENSACOLA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3298 SUMMIT BLVD
 SUITE 4
 PENSACOLA FL 32503**

**3298 SUMMIT BLVD
 SUITE 4
 PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**ETHERIDGE, RAY O
 3298 SUMMIT BLVD. SUITE 4
 PENSACOLA FL 32503**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **FRANZ, JON A**
 STREET ADDRESS **3298 SUMMIT BLVD., #18**
 CITY-ST-ZIP **PENSACOLA FL 32503-4350**

TITLE **DP** ☐ Change ☒ Addition
 NAME **Andrew Zublionis**
 STREET ADDRESS **8521 Nantucket Place**
 CITY-ST-ZIP **Pensacola FL 32514**

TITLE **STD** ☒ Delete
 NAME **MCINNIS, ALLEY E**
 STREET ADDRESS **3298 SUMMIT BLVD., #18**
 CITY-ST-ZIP **PENSACOLA FL 32503-4350**

TITLE **DVP** ☐ Change ☒ Addition
 NAME **Sharon Bell**
 STREET ADDRESS **8522 Nantucket Place**
 CITY-ST-ZIP **Pensacola FL 32514**

TITLE **PD** ☒ Delete
 NAME **TUTTLE, RON**
 STREET ADDRESS **3298 SUMMIT BLVD STE 18**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **DST** ☐ Change ☒ Addition
 NAME **Susan Scan**
 STREET ADDRESS **8509 Nantucket Place**
 CITY-ST-ZIP **Pensacola FL 32514**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Sara Page**
 STREET ADDRESS **8539 Nantucket Place**
 CITY-ST-ZIP **Pensacola FL 32514**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Kevin H Fuenler**
 STREET ADDRESS **8501 Nantucket Place**
 CITY-ST-ZIP **Pensacola FL 32514**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sharon Bell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02 850-434-3885

CR2E037 (9/01)