

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90019 033 \*\*\*\*61.25

**DOCUMENT # 768329**

1. Entity Name

**OAK MEADOW CONDOMINIUM ASSOCIATION OF PENSACOLA**

Principal Place of Business

Mailing Address

7225W FAIRFIELD DR  
 PENSACOLA FL 32506  
 US

P. O. BOX 36185  
 PENSACOLA FL 32516-6185  
 US

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

**59-2296537**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEVENS, BONNIE**  
 7225 W FAIRFIELD DR  
 UNIT F-1  
 PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name *William Blankenship*  
 Street Address (P.O. Box Number is Not Acceptable)  
*7225 W. FAIRFIELD DR.*  
*UNIT C2*  
 City *PENSACOLA* FL Zip Code *32506*

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 *William Blankenship* *William Blankenship, TREASURER* *1/6/00*  
 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	SD	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, WILLIAM	
STREET ADDRESS	7225 W FAIRFIELD DR C-2	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, BONNIE	
STREET ADDRESS	7225 W FAIRFIELD F-1	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUELCHLER, FRAN	
STREET ADDRESS	7225 W FAIRFIELD DR B-8	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DEANA	
STREET ADDRESS	7225 W FAIRFIELD DR F-6	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JOSEPH	
STREET ADDRESS	7225 W FAIRFIELD DR B-5	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNTING, JUDY	
STREET ADDRESS	7225 W FAIRFIELD DR F-3	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, WILLIAM	
STREET ADDRESS	7225 W FAIRFIELD DR #C2	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRIS, PATSY	
STREET ADDRESS	7225 W FAIRFIELD DR #F1	
CITY-ST-ZIP	PENSACOLA, FL 32506	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTING, JUDY	
STREET ADDRESS	7225 W FAIRFIELD DR #F3	
CITY-ST-ZIP	PENSACOLA, FL 32506	

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: *William Blankenship* *William Blankenship, TREASURER* *1/6/00* *850-457-9139*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)