		_					
	_						
		_					
		•					
A. NAME & PHONE OF CON				l			
A. NAME & FROME OF SOM		·-·,					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)							
Area 2							
U.S. Small Business Administration							
One Baltimore Place, Suite 300 Atlanta, Georgia 30308							
7 Haran,	300161400000						
				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
		t only one debtor name (1a or 1b) -	do not abb	reviate or combine names			
on The Cove of Sa		lomeowners Associat	ion, In	C.			
	1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	
4. MANUAL ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS 8680 Scenic Highway Unit 12				Pensacola		32514	USA
1d. TAX ID#: SSN OR EIN	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		1g. ORGA	NIZATIONAL ID#, i	f any	
	ORGANIZATION Non-Profit		Flor	Florida		55	NONE
2. ADDITIONAL DEBTOR'S	2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name			(2a or 2b) - do not abbreviate or combine name			
2a. ORGANIZATION'S N	AME						
OR 2b. INDIVIDUAL'S LAST NAME			FIRST	NAME	MIDDLE I	NAME	SUFFIX
2c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
2d. TAX ID#: SSN OR EIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JU	2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID#, if	
	ORGANIZATION DEBTOR						□NONE
3. SECURED PARTY'S NA	ME (or NAME of TO	TAL ASSIGNEE of ASSIGNOR S/P)	- insert on	ly one secured party name (3a or 3	b)		
3a. ORGANIZATION'S N		A AINHOTE A TION					
OR U.S. SMALL BUSINESS ADMINISTRATION 3b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE NAME	
3b. INDIVIDUAL'S LAST NAME			- Finai	FIRST NAME		NAME	SUFFIX
3c. MAILING ADDRESS			CITY		1	POSTAL CODE	COUNTRY
2120 Riverfront I			Littl	e Rock	AR	72202	USA
		and collect proceeds	arisin	g pursuant to the sp	ecial asse	ssment, and	i anv
		Debtor to amortize a					
accounts and/or g	general intan	gibles arising from su	uch as	sessment(s).			
וסו All documental	v stamps du	ue and payable or to b	oecom	e due and pavable, h	ave been	paid.	
M 2002	,	. ,		,		, r	
☐ Florida Docume	entary Stam	p Tax is not required.					
5. ALTERNATIVE DESIGNAT	ION (if applicable)	LESSEE/LESSOR CONSIGNE	E/CONSIG	NOR BAILEE/BAILOR SE	LLER/BUYER	AG.LIEN NO	N-UCC F FILIN
6 This FINANCING STAT	EMENT is to be filed	[for record] (or recorded) in the RE		neck to REQUEST SEARCH REPORTS			. 🗖 -
ESTATE RECORDS. A		[if applicable]	IADD	ITIONAL FEE] [option	onal] [All	Debtors Debtor	1 Debtor
8. OPTIONAL FILER REFERENCE	E DATA						

Recorded in Public Records 12/13/2005 at 03:02 PM OR Book 5797 Page 548,

Instrument #2005455102, Ernie Lee Magaha Clerk of the Circuit Court Escambia County, FL Recording \$10.00

FILING OFFICER COPY -- NATIONAL UCC FINANCING STATEMENT (FORM UCC1)(REV. 05/22/02)