

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$163 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$305**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 13 AM 9:21

**DOCUMENT # N03143 (7)**  
1. Corporation Name  
**SUNRUNNER PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4900 BAYOU BLVD. STE. 206 PENSACOLA FL 32503 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/17/1984** 3a. Date of Last Report **07/15/1994**  
4. FEI Number **59-2427438** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 193.002, Florida Statutes  Yes  No

2. Principal Place of Business 26. Mailing Address  
21. Suits, Apt. #, etc. 27. Suits, Apt. #, etc.  
23. City & State 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**CENTRE GROUP PROPERTIES INC.  
4900 BAYOU BLVD. SUITE 206  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>OPFER, WILLIAM</b>
STREET ADDRESS	<b>7171 N 9TH AVE., UNIT F</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>VP</b>
NAME	<b>ZARAHN, EDDIE</b>
STREET ADDRESS	<b>105 BEVERLY PKWY.</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>ST</b>
NAME	<b>NICHOLS, BETTY J</b>
STREET ADDRESS	<b>7171 N. 9TH AVE., UNIT D-4</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>THREADGILL, DEBBIE</b>
STREET ADDRESS	<b>7171 N. 9TH AVE., UNIT B-4</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>HODGE, JOE</b>
STREET ADDRESS	<b>7171 N. 9TH AVE., UNIT F-4</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>EUMONT, ELAINE</b>
STREET ADDRESS	<b>7171 N. 9TH AVE., G-4</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Abram, Cheryl</b>
1.3 STREET ADDRESS	<b>7171 N 9th Ave., Unit A-11</b>
1.4 CITY - ST - ZIP	<b>Pensacola, Fl 32503</b>
2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Christianson, Norbert</b>
2.3 STREET ADDRESS	<b>7171 N 9th Ave Unit A-2</b>
2.4 CITY - ST - ZIP	<b>Pensacola, Fl 32503</b>
3.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Rita Soleo</b>
3.3 STREET ADDRESS	<b>7171 N. 9th Ave Unit D-11</b>
3.4 CITY - ST - ZIP	<b>Pensacola, Fl 32503</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Donohoe, Dorthy</b>
4.3 STREET ADDRESS	<b>7171 N 9th Ave Unit B-6</b>
4.4 CITY - ST - ZIP	<b>Pensacola, Fl 32503</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Foy, Lucy Nell</b>
5.3 STREET ADDRESS	<b>7171 N 9th Ave Unit A-10</b>
5.4 CITY - ST - ZIP	<b>Pensacola, Fl 32503</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Eumont, Elaine</b>
6.3 STREET ADDRESS	<b>7171 N 9th Ave Unit G-4</b>
6.4 CITY - ST - ZIP	<b>Pcola, Fl 32503</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Eumont* **ELLEN ELAINE EUMONT** 6/1/95 (904) 484-2684  
Date Daytime Phone #

CR2E037 (3/95)