

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 05/17/1984  
3a. Date of Last Report: 06/12/1995

2. Principal Place of Business: 21 SUNRUNNER PLACE  
2a. Mailing Address: 26 ETHERIDGE PROPERTY MGMT.  
22 C/O ETHERIDGE PROPERTY  
27 711-A SCENIC HIGHWAY  
23 4711-A SCENIC HIGHWAY  
28 PENSACOLA, FLORIDA  
24 32504  
25 Country  
29 32504  
30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: 81 Name: ETHERIDGE PROPERTY MANAGEMENT  
82 Street Address (P.O. Box Number is Not Acceptable): 4711-A SCENIC HIGHWAY  
83 City: PENSACOLA, FLORIDA  
84 City: FL 85 Zip Code: 32504

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: *[Signature]* MARCH 13, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
|--|--|--|--|
| TITLE: P<br>NAME: ABRAM, CHERYL<br>STREET ADDRESS: 7171 N 9TH AVE., UNIT A-11<br>CITY-ST-ZIP: PENSACOLA FL       | <input checked="" type="checkbox"/> DELETE | 11 TITLE: MEMBER<br>12 NAME: WILHELMINA BOYSEN<br>13 STREET ADDRESS: 7171 NORTH 9TH AVENUE C-8<br>14 CITY-ST-ZIP: PENSACOLA, FLORIDA 32504               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VP<br>NAME: CHRISTIANSON, NORBERT<br>STREET ADDRESS: 7171 N 9TH AVE UNIT A-2<br>CITY-ST-ZIP: PENSACOLA FL | <input checked="" type="checkbox"/> DELETE | 21 TITLE: VICE PRESIDENT<br>22 NAME: BETTY JO NICHOLS<br>23 STREET ADDRESS: 7171 NORTH 9TH AVENUE D-4<br>24 CITY-ST-ZIP: PENSACOLA, FLORIDA 32504        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: ST<br>NAME: SOLEO, RITA<br>STREET ADDRESS: 7171 N 9TH AVE UNIT D-11<br>CITY-ST-ZIP: PENSACOLA FL          | <input type="checkbox"/> DELETE            | 31 TITLE: SECRETARY/TREASURER<br>32 NAME: BETTY FLOUNLACKER<br>33 STREET ADDRESS: 7171 NORTH 9TH AVENUE G-10<br>34 CITY-ST-ZIP: PENSACOLA, FLORIDA 32504 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D<br>NAME: DONOHOE, DOROTHY<br>STREET ADDRESS: 7171 N 9TH AVE UNIT B-6<br>CITY-ST-ZIP: PENSACOLA FL       | <input checked="" type="checkbox"/> DELETE | 41 TITLE: MEMBER<br>42 NAME: CATHY GASSETT<br>43 STREET ADDRESS: 7171 NORTH 9TH AVENUE E-6<br>44 CITY-ST-ZIP: PENSACOLA, FLORIDA 32503                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D<br>NAME: FOY, LUCY NELL<br>STREET ADDRESS: 7171 N 9TH AVE UNIT A-10<br>CITY-ST-ZIP: PENSACOLA FL        | <input checked="" type="checkbox"/> DELETE | 51 TITLE: MEMBER<br>52 NAME: JOE HODGE<br>53 STREET ADDRESS: 7171 NORTH 9TH AVENUE F-4<br>54 CITY-ST-ZIP: PENSACOLA, FLORIDA 32504                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D<br>NAME: EUMONT, ELAINE<br>STREET ADDRESS: 7171 N. 9TH AVE., G-4<br>CITY-ST-ZIP: PENSACOLA FL           | <input type="checkbox"/> DELETE            | 61 TITLE: PRESIDENT<br>62 NAME: ELAINE EUMONT<br>63 STREET ADDRESS: 7171 NORTH 9TH AVENUE G-4<br>64 CITY-ST-ZIP: PENSACOLA, FLORIDA                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ELAINE EUMONT FEBRUARY 2, 1996 (904) 434-3585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)