

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03143
 1. Corporation Name
Sunrunner Place Condominium Association, Inc.

Principal Place of Business	Mailing Address
3298 Summit Blvd. Suite 4 Pensacola, Fl. 32503	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2427438	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

Ray Etheridge
 3298 Summit Blvd.
 Suite 4
 Pensacola, Fl. 32503

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 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 *[Signature]* DATE **3-11-97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Betty Jo Nichols	
STREET ADDRESS	7171 N. 9th Ave. D-4	
CITY-ST-ZIP	Pensacola, Fl. 32504	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Jane Kickham	
STREET ADDRESS	7171 N. 9th Ave. C-3	
CITY-ST-ZIP	Pensacola, Fl. 32504	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	Wilhelmina Boysen	
STREET ADDRESS	7171 N. 9th Ave. C-8	
CITY-ST-ZIP	Pensacola, Fl. 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Elaine Eumont	
STREET ADDRESS	7171 N. 9th Ave. G-4	
CITY-ST-ZIP	Pensacola, Fl. 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Betty Flounlacker	
STREET ADDRESS	7171 N. 9th Ave. G-10	
CITY-ST-ZIP	Pensacola, Fl. 32504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Cathy Gassett	
STREET ADDRESS	7171 N. 9th Ave. E-6	
CITY-ST-ZIP	Pensacola, Fl. 32504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do 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 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]* **Betty Jo Nichols** **3-11-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #

CR2E037 (9/96)