

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N03143**

SUNRUNNER PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O CENTRE GROUP PROPERTIES. INC. 4400 BAYOU BLVD SUITE 35 PENSACOLA FL 32503

2. Principal Place of Business

Mailing Address

2a. Mailing Address

C/O CENTRE GROUP PROPERTIES, INC. 4400 BAYOU BLVD SUITE 35 PENSACOLA FL 32503

3. Date incorporated or Qualifed

05/17/1984

FILED Mar 04, 1999 8:00 am § Secretary of State

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21		26			00, 11, 100				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	etc.		4. FEI Number		App	plied For	
22		27			59-0242470			t Applicable	
City & State	9	City & State			5. Certificate of Statu	s Desired	\$8.75 _. A	I	
23	1,11,2	28					Fee Re	· —	
Zip	Country	Zip	Country		6. Election Campaig		\$5.00		
24	25	29 30	<u>. </u>		Trust Fund Contri	bution	Added to	Fees	
	9. Name and Address of Current	Registered Agent			10. Name and Addre	ss of New Register	ed Agent		
			81	Name					
LONGWELL, TINA				82 Street Address (P.O. Box Number is Not Acceptable)					
4400 BAYOU BLVD									
SUITE 35			83			·			
PENSACOLA FL 32503			84	City			. 85 Zip C	ode	
				·	<u></u>	•			
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes,	the above	-named corp	oration submits this state	ment for the purpose	e of changing its	registered	
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligat	or Flonda. Such change was autho ions of, Section 617.0503, Florida	Statutes	ine corporau	on's poard or directors.	nelaby accept the ap	pomanent us ros	,,,,,,,,,,	
SIGNATURE	, -								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	gistered Agen	t signature require	d when reinstating)	DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHAN	IGES TO OFFICERS			
TITLE	P		1.1 TITLE	P.	nes, Jim		Change	XX Addition	
NAME	HODGE, JOE		1.2 NAME			A	2		
STREET ADDRESS	7171 N 9TH AVE #F-4		1.3 STREET		171 North 9th		4		
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY+S	rzip Pe	ensacola, FL	32504			
TITLE	VP	☐ DELETE	2.1 TITLE	ם				☐ Addition	
NAME	EUMONT, ELAINE		2.2 NAME		mont, Elaine				
STREET ADDRESS	7171 N 9TH AVE #G-4		2.3 STREET		171 North 9th		4		
CITY-ST-ZIP	PENSACOLA FL 32504		2. 4 CITY-S	T-ZIP PE	ensacola, FL	32504			
TITLE	S	☐ DELETE	3.1 TITLE				Change	☐ Addition	
, NAME	JONES, SARAH		3.2 NAME						
STREET ADDRESS	7171 N 9TH AVE #E-2		3.3 STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32504		3.4. CITY-S	T-ZIP					
TITLE	D	DELETE	4.1 TITLE	D			Change	★ Addition	
NAME	BURTT, MICHAEL		4,2 NAME		ezayiff, Peter		,		
STREET ADDRESS	7171 N 9TH AVE #A-6		4.3 STREET	MOUNTOO ! .	171 North 9th		4		
CITY-ST-ZIP	PENSACOLA FL 32504		4.4 CITY-S	_{r-ziP} P€	ensacola, FL	32504			
TITLE	D	☐ DELETE	5.1 TITLE			•	☐ Change	☐ Addition	
NAME	FLOUNLACKER, BETTY		5.2 NAME		,				
STREET ADDRESS	7171 N 9TH AVE #G-10		5.3 STREET	ADDRESS	•				
CITY-ST-ZIP	PENSACOLA FL 32504		5.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE				☐ Change	★ Addition	
NAME	GASSETT, CATHY		6.2 NAME	Xi	p mith, Pauline				
STREET ADDRESS			6.3 STREET	ADDRESS 7	171 North 9th	Avenue: G-	12	ĺ	
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14. 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 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, with all other like empowered.

SIGNATURE: