

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90046 029 ****61.25

DOCUMENT # N03143

1. Entity Name

SUNRUNNER PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0242470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent -

LONGWELL, TINA
4400 BAYOU BLVD
SUITE 35
PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Tina Longwell Tina Longwell

1/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **ARMAND, FRED**
 STREET ADDRESS **7171 N 9TH AVE C-12**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **S/T** Change Addition
 NAME **Barbara Armand**
 STREET ADDRESS **7171 N 9th Ave C-12**
 CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **VP** Delete
 NAME **BURT, PAUL**
 STREET ADDRESS **7171 N 9TH AVE C-2**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** Change Addition
 NAME **Paul Burt**
 STREET ADDRESS **7171 N 9th Ave C-2**
 CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **DT** Delete
 NAME **SMITH, PAULINE**
 STREET ADDRESS **7171 N 9TH AVE G-12**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VP** Change Addition
 NAME **John Roseback**
 STREET ADDRESS **7171 N. 9th Ave D-9**
 CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **D** Delete
 NAME **VAN DE PLANCK, FRANK**
 STREET ADDRESS **7171 N 9TH AVE D-10**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROSEBACK, JOHN**
 STREET ADDRESS **7171 N 9TH AVE D-9**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Armand
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED ARMAND 1/30/02

(850) 484-2684

Date

Daytime Phone #

CR2E037 (9/01)