


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90478 028 ****61.25

DOCUMENT # N03143

1. Entity Name
SUNRUNNER PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O FYSBO, INC. REALTORS
 1618 CREIGHTON ROAD
 PENSACOLA, FL 32504 US**


Mailing Address
**C/O FYSBO, INC. REALTORS
 1618 CREIGHTON ROAD
 PENSACOLA, FL 32504 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2427438

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICKELSON, PATRICIA
 1618 CREIGHTON ROAD
 PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALKER, BRANDY	
STREET ADDRESS	7171 N 9TH AVE B-6	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINSON, HATTIE	
STREET ADDRESS	7171 N 9TH AVE., F-10	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DOROTHY	
STREET ADDRESS	7171 N 9TH AVE., E-4	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOY	
STREET ADDRESS	7171 N 9TH AVE E-3	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERSELL, DIANE	
STREET ADDRESS	6260 WINDWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEBACK, JOHN	
STREET ADDRESS	7171 N 9TH AVE D-9	
CITY-ST-ZIP	PENSACOLA, FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Gunn	
STREET ADDRESS	7171 N. 9th Ave C7	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Kassinger	
STREET ADDRESS	7171 N. 9th Ave # F8	
CITY-ST-ZIP	Pensacola FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: _____ **Date:** 4/29/05 **Daytime Phone #:** (850) 470-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR