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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

750154

(7)

FILED Jan 22 1998 8:00am Secretary of State

SUND	OWN OWNERS ASSOCIATION	ON, INC.							
Principal Place of Business Mailing Address						-	OJDAN OVONI DREM OVONI	EIBII BABA IBBI	
16470 PERDIDO KEY DRIVE 16470 PERDIDO KEY DRIVE PENSACOLA FL 32507 PENSACOLA FL 32507						Date Incorporated or Qualified		Applied For	
2. Principal P	Place of Business	2a. Mailing Address					<u> </u>	Additional	
21		26				5. Certificate of Status Desired		Reguired	
Suite, Apt.	Suite, Apt. #, etc.	t. #, etc.			6. Election Campaign Financing		May Be		
22								to Fees	
23	28	ale .			7. Is this nonprofit corporation a homeowners association? Yes No				
Zip	Country	Zip	Country	,		8. This corporation owes or has paid t		ntangihla	
24	25	29				Personal Property Tax due June 30	- ·	∏ No	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name					
LOLLEY, C. G.				Street	Addres	ss (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
EAST SECOND ST.						, , , , , , , , , , , , , , , , , , , ,			
PENSACOLA FL 32507			83						
			84	City			85 Zip	Code	
11 Duran ont	to the age delena of Continue 517 0500	2 C17 (F00 Florida Ctat 1	1			No. 10 and 10 an	FL 6		
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.									
	im familiar with, and accept the obliga	tions of, Section 617.0503, Florid	da Statutes	3.					
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable /NOTE: E	Registered Age	nt eignatura	rocuired	when reinstating)	DATE		
12.	OFFICERS AND		13.	and and and	required	ADDITIONS/CHANGES TO OFFICER	_	RS IN 12	
TITLE	Р	DELETE	1.1 TITLE		D		Change		
NAME	HOLTON, JOE 12 NA		1.2 NAME		-	DY McLEOD		i	
STREET ADDRESS	ACATA DEPONDA MENOREMENTO		1.3 STREET			40 GLAMIS DRIVE			
CITY-ST-ZIP	PENSACOLA FL	NSACOLA FL 1.4 CT		T-ZIP		NSACOLA, FL 32503			
TITLE	VP	•			D		Change	Addition	
NAME	RIP COLLINS				-	DREW SVIRSKY			
STREET ADDRESS			2.3 STREET	2 2 CTDEET ADDOCCC		16 HOLIDY DRIVE			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	NEW ORLEANS, LA. 701		14		
TITLE	SD NAMES OF STREET	CY CHESTNUT DELETE 3.1 TITE 32 NAW				OKOBANO, BA. /OI	L - L Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS	B		3.3 STREET					İ	
CITY-ST-ZIP			3.4. C/TY-S 4.1 TITLE	T-ZIP			Change	Addition	
NAME	PHILLIP MAHER	T Dettie	4.1 IIILE 4.2 NAME				L_I Grange	L.J. Addition	
STREET ADDRESS	551 W SHENANDOAH RD			ADDDEED					
CITY-ST-ZIP			4.3 STREET 4.4 CITY - S						
TITLE	D D	DELETE 5.1 TIT		1-217			☐ Change	☐ Addition	
NAME	HOWARD PUGH	<u> </u>	5.2 NAME						
STREET ADDRESS	ATAC 041401114 PR		5.3 STREET	ADDRESS				ŀ	
CITY-ST-ZIP	STOCK PRIDGE OF		5.4 CITY-S1						
TITLE			6.1 TITLE				Change	☐ Addition	
NAME	CD1110011 1111011		6.2 NAME				ū	1	
STREET ADDRESS	1625 CROOM DR		6,3 STREET	ADDRESS				ĺ	
CITY-ST-ZIP	MONTGOMERY AL		6.4 CITY-ST						
14. I hereby c	ertify that the information supplied with	n this filling does not qualify for t	he exempt	ion state	d in Se	ection 119.07(3)(i), Florida Statutes, I furti	oar cartify that the	e information	

indicated on this annual report or supplied with this filling does not quality 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:

KINDATAKHUN UREL

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492-0222