


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750154 (7) 1. Corporation Name SUNDOWN OWNERS ASSOCIATION, INC.					
Principal Place of Business 16470 PERDIDO KEY DRIVE PENSACOLA FL 32507			Mailing Address 16470 PERDIDO KEY DRIVE PENSACOLA FL 32507		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1983698	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
LOLLEY, C. G. EAST SECOND ST. PENSACOLA FL 32507		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLTON, JOE		1.2 NAME	JUDY McLEOD	
STREET ADDRESS	16470 PERDIDO KEY DRIVE		1.3 STREET ADDRESS	2340 GLAMIS DRIVE	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIP COLLINS		2.2 NAME	ANDREW SVIRSKY	
STREET ADDRESS	9 EGRET		2.3 STREET ADDRESS	2316 HOLIDY DRIVE	
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP	NEW ORLEANS, LA. 70114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CHESTNUT		3.2 NAME		
STREET ADDRESS	16470 PERDIDO KEEP DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP MAHER		4.2 NAME		
STREET ADDRESS	551 W SHENANDOAH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD PUGH		5.2 NAME		
STREET ADDRESS	2769 SAMSUM RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	STOCK BRIDGE GA		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON, NANCY		6.2 NAME		
STREET ADDRESS	1625 CROOM DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		6.4 CITY-ST-ZIP		

SIGNATURE:

[Signature] **JOE HOLTON**

1/10/98

492-0222

CR2E037 (10/97)