

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750154

1. Entity Name

SUNDOWN OWNERS ASSOCIATION, INC.

Principal Place of Business

16470 PERDIDO KEY DRIVE
PENSACOLA FL 32507

Mailing Address

16470 PERDIDO KEY DRIVE
PENSACOLA FL 32507-9358

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1983698

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TESTER, JOHN H
16470 PERDIDO KEY DR
PENSACOLA FL 32507

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

LEE 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCLEOD, JUDY	
STREET ADDRESS	2340 GLAMIS DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SVIRSKY, ANDREW	
STREET ADDRESS	2316 HOLIDAY DRIVE	
CITY-ST-ZIP	NEW ORLEANS LA 70114	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NANCY CHESTNUT	
STREET ADDRESS	16470 PERDIDO KEY DR. UNIT C-22	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PHILLIP MAHER	
STREET ADDRESS	551 WEST SHENANDOAH RD	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, RIP	
STREET ADDRESS	9 EGRET	
CITY-ST-ZIP	NEW ORLEANS LA 70124	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUGH, HOWARD	
STREET ADDRESS	2769 SAMSUM RD	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM BENNET	
STREET ADDRESS	16470 PERDIDO Key Dr.	
CITY-ST-ZIP	UNIT A 21 PENSACOLA, FL 32507	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS BULLOCK	
STREET ADDRESS	2 HYDE PARK RD.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY GARYSON	
STREET ADDRESS	1625 CROOM DR.	
CITY-ST-ZIP	MONTGOMERY, AL 36106	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW SVIRSKY	
STREET ADDRESS	2316 Holiday Dr.	
CITY-ST-ZIP	NEW ORLEANS, LA 70114	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CHESTNUT	
STREET ADDRESS	16470 Perdido Key Dr Unit C-22	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	PRS-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD PUGH	
STREET ADDRESS	2769 Samsun Rd	
CITY-ST-ZIP	Stock Bridge, GA 30281	

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:

JOHN H. TESTER 12-30-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-492-1816

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90162 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)