

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90131 020 ****61.25

0017533

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

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

7. Name and Address of New Registered Agent

TESTER, JOHN H
16470 PERDIDO KEY DR
PENSACOLA FL 32507

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:
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	D	<input type="checkbox"/> Delete
NAME	BENNET, TIM	
STREET ADDRESS	16470 PERDIDO KEY DR- UNIT A21	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	SVIRSKY, ANDREW	
STREET ADDRESS	2316 HOLIDAY DRIVE	
CITY-ST-ZIP	NEW ORLEANS LA 70114	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, ELLIS	
STREET ADDRESS	2 HYDE PARK RD	
CITY-ST-ZIP	PENSACOLA FL 32503	
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	CHESTNUT, NANCY	
STREET ADDRESS	16470 PERDIDO KEY DR UNIT C22	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	P	<input type="checkbox"/> Delete
NAME	PUGH, HOWARD	
STREET ADDRESS	2769 SAMSUM RD	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	

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	
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 like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED John H. Tester 1/22/01

Date

Daytime Phone #

CR2E037 (10/00)