

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90064 012 *****61.25

DOCUMENT # 750154

1. Entity Name

SUNDOWN OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**16470 PERDIDO KEY DRIVE
PENSACOLA FL 32507**

**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** ☐ Delete
NAME **BENNET, TIM**
STREET ADDRESS **16470 PERDIDO KEY DR- UNIT A21**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SVIRSKY, ANDREW**
STREET ADDRESS **2316 HOLIDAY DRIVE**
CITY-ST-ZIP **NEW ORLEANS LA 70114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BULLOCK, ELLIS**
STREET ADDRESS **2 HYDE PARK RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **SEC.** ☐ Change ☒ Addition
NAME **DEBBIE SNEED**
STREET ADDRESS **6204 Cottage Hill RD.**
CITY-ST-ZIP **Mobile, AL 36609**

TITLE **TD** ☐ Delete
NAME **PHILLIP MAHER**
STREET ADDRESS **551 WEST SHENANDOAH RD**
CITY-ST-ZIP **MOBILE AL 36608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHESTNUT, NANCY**
STREET ADDRESS **16470 PERDIDO KEY DR UNIT C22**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **PUGH, HOWARD**
STREET ADDRESS **2769 SAMSUM RD**
CITY-ST-ZIP **STOCKBRIDGE GA 30281**

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 850-422-1816

Date Daytime Phone #

CR2E037 (9/01)