2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 750154

1. Entity Name

SUNDOWN OWNERS ASSOCIATION, INC.



FILED Jul 30, 2004 8:00 am Secretary of State

07-30-2004 90006 007 ****61.25

				· 1		
Principal Plac	e of Business	Mailing Address				
16470 PERDIDO KEY DRIVE PENSACOLA FL 32507		16470 PERDIDO KEY DRIVE PENSACOLA FL 32507		4400044		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	CR2E037 (4/04)	
City & State		City & State		4. FEI Number 59-1983698	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current		Registered Agent		7 Name and Address of New Re	7. Name and Address of New Registered Agent	
v. Hane and Address of Outlent Hegistered Agent				Name		
TESTER, JOHN H 16470 PERDIDO KEY DR		rang . was		ddress (P.O. Box Number is Not Acceptable)		
PEN	ISACOLA FL 32507		Oit.		17.0.4	
			City		FL Zip Code	
Particular Services	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 Due By September 8, 2004		npaign Financing		DATE te Check Payable to the state of State	
				- Allower and the second secon	a pepartinent of State	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNET, TIM 16470 PERIDIDO KEY DR- UNIT A PENSACOLA FL 32504	⊠ Delete 21	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SUE SMITH 16470 PERDID KEYDR. PENSACOLA, FL. 32507	□ Change 🖾 Addition Uwit ۵-22	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVIRSKY, ANDREW 2316 HOLIDAY DRIVE NEW ORLEANS LA 70114	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON Chesnut 16470 PERDIDO KEY DR. PENSALOIN, FC. 3250	□ Change X Addition Lewit C-22 7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HORTON, JOHN 16420 PERDIDO KEY DR. PENSACOLA FL 32507	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TY WALKER 8256 ALCANO DR. CANTONMENT, FL. 32	☐ Change 🌠 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIP MAHER 551 WEST SHENANDOAH RD MOBILE AL 36608	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NANCY GUMYDON 1625 CROOM DR. MONTGOMERY, AC. 30	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESTNUT, NANCY 16470 PERDIDO KEY DR UNIT C2 PENSACOLA FL 32507	X Delete 2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR H.L. W. Collins 9 Egref New Orleans LA. 7012	□ Change 🔯 Addition	
TITLE NAME STREET ADDRESS	PUGH, HOWARD 2769 SAMSUM RD	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE: 🗷

CITY-ST-ZIP

STOCKBRIDGE GA 30281

GHAT ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Horton, SEC.

7/27/04

850-482-1818

Daytime Phone #