

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90099 044 \*\*\*\*70.00

**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

1st MOORE

CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SUE	
STREET ADDRESS	16470 PERDIDO KEY DR. UNIT D-22	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	SVIRSKY, ANDREW	
STREET ADDRESS	2316 HOLIDAY DRIVE	
CITY-ST-ZIP	NEW ORLEANS LA 70114	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HORTON, JOHN	
STREET ADDRESS	16420 PERDIDO KEY DR.	
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 checked="" type="checkbox"/> Delete
NAME	COLLINS, HL H	
STREET ADDRESS	9 EORET	
CITY-ST-ZIP	NEW ORLEANS LA 70124	
TITLE	P	<input 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	Elwood Speed	
STREET ADDRESS	6207 Cottage Hill Rd.	
CITY-ST-ZIP	Mobile, AL 36689	
TITLE	V-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEY WRIGHT	
STREET ADDRESS	2608 Rainbow Dr.	
CITY-ST-ZIP	Gadsden AL 35901	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Conley	
STREET ADDRESS	1853 Bluewing Tree Cir.	
CITY-ST-ZIP	Birmingham, AL 35224	
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:**

*John Tester* - John Tester

2/18/25

850-432-1566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #