## 2005 OT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) OF SA **DOCUMENT # 750154**

## **FILED** Jul 25, 2005 8:00 am

1. Entity Name					Secretary or State				
SUNDOWN OWNERS ASSOCIATION, INC.					07-25-2005 90099 044 ****70.00				
			The state of the s						
Principal Place of Business Mailing		Mailing Address	ling Address						
		16470 PERDIDO KEY PENSACOLA FL 3250	470 PERDIDO KEY DRIVE				JUUDZ	35C	
PENSACOL	A FE 32307	TENSACOLA FE 3230	•						
2 Principal P	Place of Business	3. Mailing Address			]				
2. Thiopartiace of Business									
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MO	ORE CR	2E037 (10/04	4)	
City & State C		City & State	City & State		4. FEI Number	9-1983698		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired		Additional	
6. Name and Address of Current Registere		egistered Agent	· · · · · · ·		7. Name and Address of New Registered Agent				
			Name				<u> </u>		
TES	TÉR, JOHN H		Street Address		(P.O. Box Number is Not Acceptable)				
	70 PERDIDO KEY DR ISACOLA FL 32507						<del></del>		
			City				<b>₽</b> ∎ Zip (	Code	
							FL		
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its	s registered office of t	registere	ad agent, or both, in t	rie State of Florida.	ram animar w	nin, and accept	
SIGNATURE .									
SIGNATORE.	Signature, typed or printed name of registered agent and	o title if applicable (NO)	TE Registered Agent signatur	re required v	when reinstating)		DATE		
	**************************************	o title if applicable (NO	TE Registered Agent signatur	re required v	when reinstating)	<del> </del>			
	FILE NOW: FEE IS \$61.25	9. Election Ca	mpaign Financing		\$5.00 May Be	Make C	Check Payat		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Ca Trust Fund	mpaign Financing		\$5.00 May Be Added to Fees	Make C Florida D	Check Payat Pepartment o	of State	
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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 1051002 GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR