FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:10

DOCUMENT # 764061 (8)

1. Corporation Name

SUNCHASE CONDOMINIUM ASSOCIATION OF GULF BREEZE, INC.

Principal Place of Business	Mailing Address
4711-A SCENIC HWY. PENSACOLA FL 32504	4711-A SCENIC HWY. PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2267056 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
26	
Apt. #, etc.	Suite, Apt. #, etc.
27	
State	City & State
28	
Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

ETHERIDGE, RAY O.
4711-A SCENIC HWY
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLISON, PAM	1.2 NAME	
STREET ADDRESS	1121 SOUNDVIEW TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	ETHRIDGE, RAY	2.2 NAME	
STREET ADDRESS	4711-A SCENIC HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCRARY, LYNN	3.2 NAME	
STREET ADDRESS	6162 ALICIA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	DV ☒ Change ☐ Addition
NAME	DUGAS, CHRIS	4.2 NAME	Roy Smith
STREET ADDRESS	200 PENSACOLA BCH RD K-4	4.3 STREET ADDRESS	200 Pensacola Beach Road I-5
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	Gulf Breeze FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NEAL, EVELYN	5.2 NAME	
STREET ADDRESS	200 PENSACOLA BEACH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Billy Belcher
STREET ADDRESS		6.3 STREET ADDRESS	200 Pensacola Beach Rd. K-3
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Gulf Breeze, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela J. Allison 2-15-95 904 434 3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0031203