FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **07/07/1982**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	11 TITLE	MEMBER D	☐ Change ☒ Addition
NAME	ALLISON, PAM		12 NAME	BUTCh SOMMERMEYER	
STREET ADDRESS	1121 SOUNDVIEW TRAIL		13 STREET ADDRESS	1813 BARRINGTON COURT	
CITY-ST-ZIP	GULF BREEZE FL		14 CITY-ST-ZIP	FORT COLLINS, CO 80524	
TITLE	STD	☐ DELETE	21 TITLE	~~MEMBER~~	☐ Change ☒ Addition
NAME	ETHRIDGE, RAY		22 NAME	~~WILLIAM LAUER~~	
STREET ADDRESS	4711-A SCENIC HWY		23 STREET ADDRESS	914 LAKEWOOD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504		24 CITY-ST-ZIP	MILTON, FLORIDA 32570	
TITLE	D	☒ DELETE	31 TITLE	MEMBER D	☐ Change ☒ Addition
NAME	MCCRARY, LYNN		32 NAME	FRED WATERS	
STREET ADDRESS	6182 ALICIA DRIVE		33 STREET ADDRESS	200 PENSACOLA BEACH ROAD F-8	
CITY-ST-ZIP	PENSACOLA FL 32504		34 CITY-ST-ZIP	GULF BREEZE, FLORIDA 32561	
TITLE	~~DV~~	☐ DELETE	41 TITLE	VICE PRESIDENT D	☒ Change ☒ Addition
NAME	~~SMITH, ROY~~		42 NAME	DAVID HAIG	
STREET ADDRESS	~~200 PENSACOLA BEACH ROAD I-5~~		43 STREET ADDRESS	200 PENSACOLA BEACH ROAD K-6	
CITY-ST-ZIP	GULF BREEZE FL		44 CITY-ST-ZIP	GULF BREEZE, FLORIDA 32561	
TITLE	D	☐ DELETE	51 TITLE	~~MEMBER~~	☐ Change ☒ Addition
NAME	NEAL, EVELYN		52 NAME	~~KEN JENSEN~~	
STREET ADDRESS	200 PENSACOLA BEACH ROAD M-1		53 STREET ADDRESS	~~P O BOX 123~~	
CITY-ST-ZIP	GULF BREEZE FL 32561		54 CITY-ST-ZIP	~~GULF BREEZE, FLORIDA 32561~~	
TITLE	D	☐ DELETE	61 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	BELCHER, BILLY		62 NAME	BILL BELCHER	
STREET ADDRESS	200 PENSACOLA BEACH RD. K-3		63 STREET ADDRESS	200 PENSACOLA BEACH ROAD K-3	
CITY-ST-ZIP	GULF BREEZE FL		64 CITY-ST-ZIP	GULF BREEZE, FLORIDA 32561	

CR2E037 (12/95)

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)(k), 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: _____ RAY ETHERIDGE — FEBRUARY 2, 1996 — 904-434-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #