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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32504-9018

3. Date Incorporated or Qualified: 07/07/1982
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business
21 3298 SUMMIT BLVD
Suite, Apt. #, etc.
22 SUITE 4
City & State
23 PENSACOLA, FL
Zip 24 32503 Country 25 ESCAMBIA

2a. Mailing Address
26 3298 SUMMIT BLVD
Suite, Apt. #, etc.
27 SUITE 4
City & State
28 PENSACOLA, FL.
Zip 29 32503 Country 30 ESCAMBIA

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) 3298 SUMMIT BLVD.
83 SUITE 4
84 City PENSACOLA FL 85 Zip Code 32503

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	D	☒ DELETE	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	SOMMERMEYER, BUTCH		1.2 NAME	LAUER, BILL	
STREET ADDRESS	1813 BARRINGTON COURT		1.3 STREET ADDRESS	914 LAKEWOOD DRIVE	
CITY-ST-ZIP	FT. COLLINS CO		1.4 CITY-ST-ZIP	MILTON, FL.	
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ETHRIDGE, RAY		2.2 NAME		
STREET ADDRESS	4711-A SCENIC HWY		2.3 STREET ADDRESS	3298 SUMMIT BLVD SUITE 4	
CITY-ST-ZIP	PENSACOLA FL 32504		2.4 CITY-ST-ZIP	PENSACOLA, FL. 32503	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATER, FRED		3.2 NAME		
STREET ADDRESS	200 PENSACOLA BEACH ROAD, F-8		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	HAIG, DAVID		4.2 NAME		
STREET ADDRESS	200 PENSACOLA BEACH ROAD, K-6		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BELCHER, BILLY		6.2 NAME		
STREET ADDRESS	200 PENSACOLA BEACH RD. K-3		6.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 O. Etheridge 2/20/97 (904) 434-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Business Phone