

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764061

1. Entity Name

SUNCHASE CONDOMINIUM ASSOCIATION OF GULF BREEZE,

Principal Place of Business

Mailing Address

3298 SUMMIT BLVD
STE 4
PENSACOLA FL 32503
US

3298 SUMMIT BLVD
STE 4
PENSACOLA FL 32503
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2267056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETHERIDGE, RAY O.
3298 SUMMIT BLVD
STE 4
PENSACOLA FL 32503

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LAUER, BILL
914 LAKEWOOD DRIVE
MILTON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
DOMERACKI, STEVE
200 PENSACOLA BEACH RD J-1
GULF BREEZE FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
JENSEN, KEN
200 PENSACOLA BCH RD., K-8
GULF BREEZE FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KEHOE, JAMES
200 PENSACOLA BCH RD., L-78
GULF BREEZE FL 32561

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
CONN, TONY
200 PENSACOLA BEACH RD A-6
GULF BREEZE FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LATOURETTE, HARRY
530 EVENTIDE DRIVE
GULF BREEZE FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPO

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Norman McFadden
200 Pensacola Beach Rd, R-9
Gulf Breeze FL 32561

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP President, 4-9-01

Date

850-434-3585
Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90060 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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