## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # 764061  1. Entity Name SUNCHASE CONDOMINIUM ASSOCIATION OF GULF BREEZE, INC.							04-26-200	-			
3298 SUMMIT BLVD 329 STE 4 STE			eiling Address 1298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503 US								
Principal Place of Business     3.			3. Mailing Address								
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				01122004	Chg-NP	CR2E0	37 (10/03)	
City & State	е	City	City & State				4. FEI Number 59-226			<del></del>	oplied For ot Applicable
Zip	Country		Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registere	d Agent				7. Name and	Address of New	Registered	Agent	
3298 SUM STE 4	GE, RAY O. MIT BLVD DLA, FL 32503	· · · · · · · · · · · · · · · · · · ·	پير ايف دايد راندان باغيد	. <u> </u>	Name Street A	ddress (	P.O. Box Numbe	r is Not Acceptal	ble)		
PENSAGO			City					Zip Code			
	named entity submits this statement	for the purpo	ose of changing its	registen	ed office o	r register	ed agent, or bot	h, in the State of		familiar with,	and accept
SIGNATURE .	ions of registered agent.	nt and title if app				ure réquired	d whon reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees					
10.	OFFICERS AND D	IRECTORS		11.				NGES TO OFFIC	CERS AND D	RECTORS IN	10
TITLE	VD ,		Delete	ΠTL	E	AD				Change	Addition
NAME TOBERGTE, FRED STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561					E Et address -st-zp	Var 100	Lamp Laye	, Miche ridge i cze , FL	ルト カウ マンシン	<b>6</b>	
ITILE .	PD		☐ Delete	TITL	<u> </u>	PD	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>			Change	Addition
NAME	JENSEN, KEN	۵		NAM		106	ergte,	Fred cole Bch	17 al	HK-Y	<del></del>
STREET ADDRESS CITY-ST-ZIP	200 PENSACOLA BCH RD., K- GULF BREEZE; FL 32561	О		1	ET ADORESS '-ST-ZIP	200	rensa. H Brees	cole ber	3256	- (	
TITLE NAME STREET ADDRESS	D SOMMERMEYER, MAYO 736 HINSDALE DR		Delete	TITL NAM STRI			•	,		☐ Change	Addition
CITY-ST-ZIP	FORT COLLINS, CO 80526		<del></del>		-ST-ZIP	-·					، بير مه
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATOURETTE, HARRY 530 EVENTIDE DRIVE GULF BREEZE, FL 32561		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			5T 200 Gul	Pensa	en cola Bo zue FL	n.Rd 3256	☑ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	TITL NAM STRI CITY			\$ \$\frac{1}{2} \frac{1}{2} \fr			☐ Change	☐ Addition

1 nereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR