


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 764061</b> 1. Entity Name <b>SUNCHASE CONDOMINIUM ASSOCIATION OF GULF BREEZE, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>05 NOV 15 AM 10:31</b>	
Principal Place of Business <b>3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503 US</b>				Mailing Address <b>3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2267056</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ETHERIDGE, RAY O. 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
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. I am familiar with, and accept the obligations of registered agent.				1112005 Chg-NP CR2E037 (10/03)			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				500061449715 11/15/05--01075--012 ***61.25 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONN, TONY 200 PENSACOLA BEACH RD A-6 GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stiffler, Don 200 Pensacola Beach Rd #L-6 Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENSEN, KEN 200 PENSACOLA BCH RD #K-8 GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Commer, Jake 200 Pensacola Beach Rd #F-6 Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMERMEYER, MAYO 7425 VARDON WAY FORT COLLINS, CO 80528	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Belcher, Margaret 200 Pensacola Beach Rd #K-3 Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATOURETTE, HARRY 102 STONERIDGE DR SEARCY, AR 72143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McFadden, Norman 200 Pensacola Beach Rd #C-2 Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN CAMP, MICHELLE 102 BAYBRIDGE DR. GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fair, Duane 200 Pensacola Beach Rd J-4 Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAUER, Sissy 200 PENSACOLA BEACH RD F-1 GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.							
<b>SIGNATURE:</b> _____ <b>Don Stiffler</b> 11/11/05 856-456-8874 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							