

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90019 017 ****61.25

DOCUMENT # 764061 1. Entity Name SUNCHASE CONDOMINIUM ASSOCIATION OF GULF BREEZE, INC.			
Principal Place of Business 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503 US		Mailing Address 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503 US	
2. Principal Place of Business - No P.O. Box # 908 GARDENGATE CIR		3. Mailing Address 908 GARDENGATE CIR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32504		Zip 32504	
Country USA		Country USA	
4. FEI Number 59-2267056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O. 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503		7. Name and Address of New Registered Agent Name RAY O. ETHERIDGE Street Address (P.O. Box Number is Not Acceptable) 908 GARDENGATE CIR City PENSACOLA FL Zip Code 32504	
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. SIGNATURE DATE Feb 18, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME STIFFLER, DON STREET ADDRESS 200 PENSACOLA BEACH ROAD, #L-6 CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME COMMER, JAKE STREET ADDRESS 200 PENSACOLA BEACH ROAD, #F-6 CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BELCHER, MARGARET STREET ADDRESS 200 PENSACOLA BEACH ROAD, K-3 CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCFADDEN, NORMAN STREET ADDRESS 200 PENSACOLA BEACH ROAD, C-2 CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME FAIR, DUANE STREET ADDRESS 200 PENSACOLA BEACH ROAD, J-4 CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME ZOELLER, SISSY STREET ADDRESS 200 PENSACOLA BEACH RD F-1 CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JAKE B. COMMER 2/18/08 80-484-2611 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			