## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3298 SUMMIT BLVD

PENSACOLA FL 32503

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

STE 4

## **DOCUMENT # 764061**

1. Entity Name

3298 SUMMIT BLVD

PENSACOLA FL 32503

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STE 4

Principal Place of Business

2. Principal Place of Business

## SUNCHASE CONDOMINIUM ASSOCIATION OF GULF BREEZE,



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90432 023 \*\*\*\*61.25

SACCOOUDO SACCO

7. Name and Address of New Registered Agent

☐ CHECK HERE	IF MAKING CHANGES								
4. FEI Number 59-2267056	Applied For								
	Not Applicable								
5. Certificate of Status Desired	\$8.75 Additional								

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ETHERIDGE, RAY O. Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BLVD STE 4 PENSACOLA FL 32503 City 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. I am familiar with, and accept

Country

the obligations of registered agent.

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

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

		. Hustrand Con	u ibuuori,	Added to Fees	Florida Department of State		
10.	OFFICERS AND DIRECTORS	4	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPD	Delete	TITLE	VD -	/	Change	Addition
NAME	Lauer, Bill	<b>/</b> `	NAME	tobugle, tre	d beach Rd.	* V 11	^
STREET ADDRESS	914 LAKEWOOD DRIVE		STREET ADDRESS	200 Persaco	la beach 100 '	, K-A	
CITY-ST-ZIP	MILTON FL		CITY-ST-ZIP	Coulf Breez	e, FL 3256	51	i
TITLE	D ,	Delete	TITLE	-	9. 7	☐ Change	Addition
	DOMERACKI, STEVE		NAME	]			j
	200 PENSACOLA BEACH RD J-1		STREET ADDRESS				
_CITY-ST-ZIP	GULF BREEZE FL 32561	The second second second	CITY-ST-ZIP		الاه مومع <u>في حمي</u> ا	<u> </u>	
TITLE	D	☐ Delete	TITLE	PD .		Change	☐ Addition
NAME	Jensen, ken		NAME	Jensen, Kel	า	^	
STREET ADDRESS	200 PENSACOLA BCH RD., K-8		STREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP				
TITLE	DST	Delete	TITLE	D	or Maus	☐ Change	Addition
NAME	Belcher, Linda		NAME	Sommerney 736 Hirade	er i tracopo		′1
STREET ADDRESS	260 PENSACOLA BEACH RD. #L-4		STREET ADDRESS	736 Hirada	ile or		ļ
CITY-ST-ZIP	GULF BREEZE FL 32861		CITY-ST-ZIP	Ft-Collins	CO 8052	4	
TITLE	VP	Delete	TITLE			☐ Change	☐ Addition
NAME	CONN, TONY	- \	NAME	]			
STREET ADDRESS	200 PENSACOLA BEACH RD A-6		STREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		·	☐ Change	☐ Addition
NAME	LATOURETTE, HARRY		NAME				
STREET ADDRESS	530 Eventide drive		STREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL 32561	·	CITY-ST-ZIP				}
			·	·			

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:

4/16/03 850-434-3585