

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90185 045 ****61.25

DOCUMENT # 770436

1. Entity Name

SUGAR DUNES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8512 NAVARRE PARKWAY
NAVARRE FL 32566

8512 NAVARRE PARKWAY
NAVARRE FL 32566-6902

601706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2445701

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEWATT, IRA MAE
8512 NAVARRE PKWY
NAVARRE FL 32566

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	BLUM, ROBERT	1448 TINA DR., UNIT 211 NAVARRE BEACH FL	<input checked="" type="checkbox"/> Delete	D	Katherine Witcher-Neville	1448 Tina Dr # 113 Navarre Bch, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	STD	KAUDER, WES	1448 TINA DR., UNIT 222 NAVARRE BEACH FL	<input type="checkbox"/> Delete	D	Harry McGlothlin	214 Greenhouse Dr Roswell, GA 30076-1486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VD	CORLEY, ROBERT W	3425 BLUERIDGE DR. PENSACOLA FL 32504	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P	HOLTREY, BEN	1448 TINA DR., UNIT 23 NAVARRE BCH FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEN HOLTREY

Date

1-16-00

Daytime Phone #

850-939-2366

CR2E037 (9/99)