

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770436

1. Entity Name

SUGAR DUNES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8512 NAVARRE PARKWAY
NAVARRE FL 32566

Mailing Address

8512 NAVARRE PARKWAY
NAVARRE FL 32566

2. Principal Place of Business

8510 Navarre Pkwy

Suite, Apt. #, etc.

3. Mailing Address

8510 Navarre Pkwy

Suite, Apt. #, etc.

City & State

Navarre, FL 32566

Zip

32566

Country

Santa Rosa

City & State

Navarre, FL

Zip

32566

Country

Santa Rosa

4. FEI Number

59-2445701

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HEWATT, IRA MAE
8510 NAVARRE PKWY
NAVARRE FL 32566

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

TITLE STD
NAME KAUDER, WES
STREET ADDRESS 1448 TINA DR., UNIT 222
CITY-ST-ZIP NAVARRE BEACH FL ☐ Delete

TITLE VD
NAME CORLEY, ROBERT W
STREET ADDRESS 3425 BLUERIDGE DR.
CITY-ST-ZIP PENSACOLA FL 32504 ☐ Delete

TITLE P
NAME HOLTREY, BEN
STREET ADDRESS 1448 TINA DR., UNIT 23
CITY-ST-ZIP NAVARRE BCH FL ☐ Delete

TITLE D
NAME WITCHER NEVILLE, KATHERINE
STREET ADDRESS 1448 TINA DR #113
CITY-ST-ZIP NAVARRE BCH FL 32566 ☐ Delete

TITLE D
NAME MC GLOTHIN, LARRY
STREET ADDRESS 214 GREENHOUSE DR
CITY-ST-ZIP ROSWELL GA 30076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

IRA MAE HEWATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90008 043 ****61.25

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)