

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91084 015 \*\*\*\*61.25

**DOCUMENT # N00000001664**

1. Entity Name

**SUNSET ESTATE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.**



Principal Place of Business

**CENTRE GROUP PROPERTIES, INC.  
4400 BAYOU BLVD. STE 35  
PENSACOLA FL 32503**

Mailing Address

**4400 BAYOU BLVD.  
SUITE 35  
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3664745**

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

**LONGWELL, TINA R**

**4400 BAYOU BLVD.**

**SUITE 35**

**PENSACOLA FL 32503**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	JERNIGAN, LEONARD G	
STREET ADDRESS	8680 SCENIC HWY BOX 18	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	JERNIGAN, LEONARD G	
STREET ADDRESS	8680 SCENIC HWY BOX 18	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	JERNIGAN, LEONARD G	
STREET ADDRESS	8680 SCENIC HWY BOX 18	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK PALMER	
STREET ADDRESS	6222 SUNTAN CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDI JONES	
STREET ADDRESS	6195 SUNTAN CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM McNEIL	
STREET ADDRESS	6037 SUNTAN CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA SMITH	
STREET ADDRESS	6121 SUNTAN CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETER BRUNNER	
STREET ADDRESS	6183 SUNTAN CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Frank Palmer*

2/24/03

850-484-2184

CRE037 (10/02)