

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90478 006 \*\*\*\*70.00

DOCUMENT # NO2000005688

1. Entity Name

SANDERS BEACH COMMUNITY ASSOCIATION



**DO NOT WRITE IN THIS SPACE**

**94065904**

2. Principal Place of Business

1400 CYPRESS ST.

Suite, Apt. #, etc.

3. Mailing Address

1400 CYPRESS ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

26-0053348

Applied For

Not Applicable

Zip

32501

Country

ESCAMBIA

Zip

32501

Country

ESCAMBIA

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT J. NEIGER, CHAIRMAN

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

1400 CYPRESS ST.

City

PENSACOLA

FL

Zip Code

32501

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

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CHAIRMAN</u> <u>ROBERT J. NEIGER</u> <u>1400 CYPRESS ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE CHAIRMAN</u> <u>JOSE CORREDERA</u> <u>1622 SONIA ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY / HISTORIAN</u> <u>NANCY NEIGER</u> <u>1400 CYPRESS ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>DOLORES HOMMELAND</u> <u>701 SOUTH "D" ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Neiger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. NEIGER 4/15/2004 (850) 439-1136

Date

Daytime Phone #