

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

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90306 041 ****70.00

DOCUMENT # 102000005688

1. Entity Name

SANDERS BEACH COMMUNITY ASSOC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

910 1400 CYPRESS ST.

Suite, Apt. #, etc.

3. Mailing Address

1400 CYPRESS ST

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32501

Country

USA

City & State

PENSACOLA, FL

Zip

32501

Country

USA

4. FEI Number

26-0053348

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

55042845

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ROBERT NEIGER

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

1400 CYPRESS ST.

City

PENSACOLA

FL

Zip Code

32501

**DO NOT WRITE
IN THIS SPACE**

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

Robert J. Neiger

Signature, typed or printed name of registered agent and title if applicable.

ROBERT J. NEIGER

4-26-2003

(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 CHAIR</u> <u>ANN FERRETTI</u> <u>1415 W. SONIA ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>SHARON BRITTON</u> <u>1314 CYPRESS ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER/HISTORIAN</u> <u>NANCY NEIGER</u> <u>1400 CYPRESS ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>EXECUTIVE COMMITTEE</u> <u>LLOYD WILLIAM STOFFER</u> <u>700 SOUTH "E" ST.</u> <u>PENSACOLA, FL 32501</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>EXECUTIVE COMMITTEE</u> <u>JAMES E. SUCHY</u> <u>511 SOUTH "E" ST.</u> <u>PENSACOLA, FL 32501</u>	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

4-26-2003

850-439-1136

Date

Daytime Phone #