

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90003 026 \*\*\*\*61.25

DOCUMENT # N05424

1. Corporation Name

SUGAR SANDS CONDOMINIUM ASSOCIATION OF PENSACOLA  
, INC.

Principal Place of Business

3148 SWAN LANE  
PENSACOLA FL 32504

Mailing Address

3148 SWAN LANE  
PENSACOLA FL 32504

321458 - 90003 - 26



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1984

4. FEI Number

59-2521078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COFFIELD, ROBERT J.  
3148 SWAN LANE  
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME GRIFFIN, GLEN R.  
STREET ADDRESS 14239 PERDIDO KEY DR.  
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☒ DELETE

NAME GRIFFIN, RUTHIE  
STREET ADDRESS 14239 PERDIDO KEY DR.  
CITY-ST-ZIP PENSACOLA FL

TITLE SD ☐ DELETE

NAME COFFIELD, CONNIE E.  
STREET ADDRESS 3148 SWAN LANE  
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☐ DELETE

NAME COFFIELD, ROBERT J.  
STREET ADDRESS 3148 SWAN LANE  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - DIRECTOR ☒ Change ☐ Addition

1.2 NAME IERACITANO, JOSEPH  
1.3 STREET ADDRESS 1425 PLAYERS CLUB CIRCLE  
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561

2.1 TITLE ~~BILLY T. HARRIS~~ VICE PRES + DIR. ☒ Change ☐ Addition

2.2 NAME BILLY T. HARRIS  
2.3 STREET ADDRESS 6235 SEQUENZA DR  
2.4 CITY-ST-ZIP PENSACOLA, FL 32507

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME MARION RUCKELT  
5.3 STREET ADDRESS 14591 PERDIDO KEY DR #8  
5.4 CITY-ST-ZIP PENSACOLA, FL 32507

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT J. COFFIELD

April 28, 99 850/478-3487

CR2E037 (11/98)