

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90350 040 ****61.25

DOCUMENT # N05424

1. Entity Name

**SUGAR SANDS CONDOMINIUM ASSOCIATION OF
PENSACOLA, INC.**



Principal Place of Business

**14587 PERDIDO KEY DR
PENSACOLA FL 32507**

Mailing Address

**3148 SWAN LANE
PENSACOLA FL 32504**

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

59-2521078

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

**COFFIELD, ROBERT J.
3148 SWAN LANE
PENSACOLA FL 32504**

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
Due By May 1, 2004**

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 **SD** ☐ Delete
NAME **SKALICKY, MARION**
STREET ADDRESS **14 ROCKWOOD ROAD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **TD** ☐ Delete
NAME **COFFIELD, ROBERT J.**
STREET ADDRESS **3148 SWAN LANE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **PD** ☒ Delete
NAME **BROWNING, MARINA**
STREET ADDRESS **14589 PERDIDO KEY DR. #10**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **VD** ☒ Delete
NAME **IERACITANO, JOSEPH**
STREET ADDRESS **1425 PLAYERS CLUB CIRCLE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT - Director** ☐ Change ☒ Addition
NAME **DAVID BABIKOW**
STREET ADDRESS **8415 MILLSTREAM DR.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **VICE PRESIDENT - Director** ☐ Change ☒ Addition
NAME **DAN SNEII**
STREET ADDRESS **5570 ALPHABA RD.**
CITY-ST-ZIP **COLDWATER, MS 38618**

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

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

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

TITLE ☐ Change ☐ 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:

Robert J. Coffield, Inc. (Robert J. Coffield)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04
Date

850/478-3487
Daytime Phone #