

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90243 029 ****70.00

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 8415 MILLSTREAM DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PENSACOLA FL		4. FEI Number 59-2521078	
Zip		Country		Zip 32514	
Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COFFIELD, ROBERT J. 3148 SWAN LANE PENSACOLA, FL 32504			7. Name and Address of New Registered Agent Name: BABIKOW, WYONA Street Address (P.O. Box Number is Not Acceptable): 8415 MILLSTREAM DRIVE City: PENSACOLA FL Zip Code: 32514		
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: <u>Wyona Babikow</u> DATE: <u>4/25/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SD	NAME SKALICKY, MARION		TITLE VSD	NAME SKALICKY, MARION	
STREET ADDRESS 14 ROCKWOOD ROAD	CITY-ST-ZIP PENSACOLA, FL 32514		STREET ADDRESS 14 ROCKWOOD RD.	CITY-ST-ZIP PENSACOLA FL 32514	
TITLE TD	NAME COFFIELD, ROBERT J.		TITLE TD	NAME BABIKOW, WYONA	
STREET ADDRESS 3148 SWAN LANE	CITY-ST-ZIP PENSACOLA, FL		STREET ADDRESS 8415 MILLSTREAM DR	CITY-ST-ZIP PENSACOLA FL 32514	
TITLE PD	NAME BABIKOW, DAVID		TITLE PD	NAME IERACITANO, JOE	
STREET ADDRESS 8415 MILLSTREAM DR.	CITY-ST-ZIP PENSACOLA, FL 32514		STREET ADDRESS 1425 PLAYERS CLUB CIRCLE	CITY-ST-ZIP GULF BREEZE FL 32563	
TITLE VD	NAME SNELL, DAN		TITLE ASSISTANT SECRETARY/D	NAME BROWNING, MARINA	
STREET ADDRESS 5570 ALPHABA RD.	CITY-ST-ZIP COLDWATER, MS 38618		STREET ADDRESS 102 IRIS CIRCLE	CITY-ST-ZIP DAPHNE, AL 36526	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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: <u>Wyona Babikow</u>			Date: <u>4/25/05</u> Daytime Phone #: <u>850.476.6432</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					