


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90013 002 ****70.03

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 8415 MILLSTREAM DRIVE PENSACOLA, FL 32514		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7405 KLONDIKE ROAD Suite, Apt. #, etc.			
City & State City PENSACOLA		City & State PENSACOLA			
Zip Country		Zip FL 32526		Country USA	
6. Name and Address of Current Registered Agent BABIKOW, WYONA 8415 MILLSTREAM DRIVE PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name BABIKOW, WYONA Street Address (P.O. Box Number is Not Acceptable) 7405 KLONDIKE ROAD City PENSACOLA FL Zip Code 32526	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VSD SKALICKY, MARION 14 ROCKWOOD ROAD PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BABIKOW, WYONA 8415 MILLSTREAM DR PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IERACITANO, JOE 1425 PLAYERS CLUB CIRCLE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BROWNING, MARINA 102 IRIS CIRCLE DAPHNE, AL 36526	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> WYONA BABIKOW 3/1/06 850-941-8414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40024593



03012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2521078
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**