

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2007 08:00 A**  
**Secretary of State**

**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  
**7405 KLONDIKE RD  
PENSACOLA, FL 32526**



05072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2521078**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BABIKOW, WYONA  
7405 KLONDIKE RD  
PENSACOLA, FL 32526**

**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

*Wyona Babikow*

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

(NOTE Registered Agent signature required when reinstating)

*5/29/07*

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VSD
NAME	SKALICKY, MARION
STREET ADDRESS	14 ROCKWOOD ROAD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	TD
NAME	BABIKOW, WYONA
STREET ADDRESS	7405 KLONDIKE RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	PD
NAME	IERACITANO, JOE
STREET ADDRESS	1425 PLAYERS CLUB CIRCLE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	ASD
NAME	BROWNING, MARINA
STREET ADDRESS	102 IRIS CIRCLE
CITY-ST-ZIP	DAPHNE, AL 36526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/07-80007-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Wyona Babikow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/29/07*

Date

Daytime Phone #