

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48465

1. Entity Name

SUN RAY VILLAGE OWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90126 017 ****61.25

Principal Place of Business 20 VIA DELUNA DR. PENSACOLA BEACH FL 32561	Mailing Address 20 VIA DELUNA DR. PENSACOLA BEACH FL 32561
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3181724	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOEPFER, ALLAN 3501 SILVERTREE LN PENSACOLA FL 32504	
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7. Name and Address of New Registered Agent	
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEBASH, WILLIAM PO BOX 1872 N/A PENSACOLA FL 32589 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORFMAN, STANLEY 322 MIRABELLE DR PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STORY, WAYNE 3866 PARADISE BAY DR GULF BREEZE FL 32561 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODWIN, PAULINE 503 PORT ROYAL PENSACOLA FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCAR, CHRIS 865 INDUSTRIAL CT PENSACOLA FL 32505 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDGAR, DON 3447 RIVER GARDENS CIR PENSACOLA FL 32514 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOEPFER, ALLAN 3501 Silvertree Lane Pensacola FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANCAESCU, LUCIAN 112 Matamoros Dr. Pensacola Beach FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, JOHN 4030 Rommitch Lane Pensacola FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-00 (850) 932-4300
Date Daytime Phone #

CR2E037 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

A0022984

0086642

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SUN RAY VILLAGE OWNERS ASSOCIATION, INC.

Supporting
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Page Two

Principal Place of Business

Mailing Address

VIA DELUNA DR.
PENSACOLA BEACH FL 32561

20 VIA DELUNA DR.
PENSACOLA BEACH FL 32561

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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7. Name and Address of New Registered Agent

Name

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Zip Code

TOEPFER, ALLAN
3501 SILVERTREE LN
PENSACOLA FL 32504

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Signature

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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OFFICERS AND DIRECTORS

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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VP CORFMAN, STANLEY 322 MIRABELLE DR PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC CRABB, MICHAEL 5944 Moors Oak Drive Milton FL 32583	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S STORY, WAYNE 3866 PARADISE BAY DR GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E037 (9/99)