

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48465

1. Entity Name

SUN RAY VILLAGE OWNERS ASSOCIATION, INC.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90060 010 *****61.25

Principal Place of Business

Mailing Address

20 VIA DELUNA DR.
PENSACOLA BEACH FL 32561

20 VIA DELUNA DR.
PENSACOLA BEACH FL 32561

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

59-3181724

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

TOEPFER, ALLAN
3501 SILVERTREE LN
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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	TOEPFER, ALLAN	
STREET ADDRESS	3501 SILVERTREE LANE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANCAESCU, LUCIAN	
STREET ADDRESS	112 MATAMOROE DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, JOHN	
STREET ADDRESS	4030 ROMMITCH LANE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GODWIN, PAULINE	
STREET ADDRESS	503 PORT ROYAL	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSCAR, CHRIS	
STREET ADDRESS	865 INDUSTRIAL CT	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDGAR, DON	
STREET ADDRESS	3447 RIVER GARDENS CIR	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAM, PETER	
STREET ADDRESS	2031 Galt Road	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEBASH, WILLIAM	
STREET ADDRESS	PO Box 1872	
CITY-ST-ZIP	Pensacola FL 32589	

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

1-31-02

850 932-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment 925941
N48465
ADDITIONAL PAGE FOR:

Document N48465 SUN RAY VILLAGE OWNERS ASSOCIATION, INC.

D LEQUERICA, FRANK
6820 East Bay Blvd.
Navarre, FL 32566

ADDITION

D MC CRABB, MICHAEL
5944 Moors Oak Drive
Milton FL 32583

ADDITION

D PINZINO, JOHN R.
999 Ft. Pickens Rd. #705
Pensacola Beach FL 32561

ADDITION