

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90049 042 ****61.25

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N48465 1. Entity Name SUN RAY VILLAGE OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 20 VIA DELUNA DR. PENSACOLA BEACH, FL 32561 | | | Mailing Address 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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)</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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | TOEPFER, ALLAN | NAME | | | |
| STREET ADDRESS | 3501 SILVERTREE LANE | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | CITY-ST-ZIP | | | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DANCAESCU, LUCIAN | NAME | | | |
| STREET ADDRESS | 112 MATAMOROE DR. | STREET ADDRESS | | | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GRAM, PETER | NAME | | | |
| STREET ADDRESS | 2031 GALT ROAD | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | | | |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GODWIN, PAULINE | NAME | | | |
| STREET ADDRESS | 503 PORT ROYAL | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32501 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | OSCAR, TINA | NAME | V OSCAR, TINA | | |
| STREET ADDRESS | 865 INDUSTRIAL CT | STREET ADDRESS | 5558 EAST BAY BLVD | | |
| CITY-ST-ZIP | PENSACOLA, FL 32505 | CITY-ST-ZIP | GULF BREEZE FL 32563 | | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BROWN, CHARLIE | NAME | | | |
| STREET ADDRESS | 170 STONEWAY TRAIL | STREET ADDRESS | | | |
| CITY-ST-ZIP | MADISON, AL 35758 | 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: _____ | | Date: 2/21/05 | | Daytime Phone #: (850) 932-4300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

ATTACHMENT

SUN RAY VILLAGE OWNERS ASSOCIATION, INC.

20 Via De Luna Pensacola Beach, Florida 32561
(850) 932-4300 TEMP. FAX (850) 432-0471

Mr. Allan Toepfer, President
Mrs. Tina Oscar, Vice President
Mr. Charlie Brown, Treasurer
Mr. Lucian Dancaescu, Secretary
Mr. Joel Asmar
Mr. William Elebash
Mr. Peter Gram
Mr. Carter Haug
Mr. John Pinzino

DOCUMENT N48465 continued

D
ASMAR, JOEL
1280 Mahogany Mill Road #8
Pensacola FL 32507

D
ELEBASH, WILLIAM
36 S. Palafox
Pensacola FL 32502

D
HAUG, CARTER
5636 Berry Brook Circle
Pace FL 32571

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