


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90016 005 ****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 PO BOX 13270 PENSACOLA, FL 32591-3270 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3181724 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | P TOEPFER, ALLAN 3501 SILVERTREE LANE PENSACOLA, FL 32504 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DANCAESCU, LUCIAN 112 MATAMOROE DR. GULF BREEZE, FL 32561 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PAUL GRIMES 2528 Shadowridge Ct Gulf Breeze FL 32563 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAM, PETER 2031 GALT ROAD PENSACOLA, FL 32503 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BILL ELEBASH 36 SOUTH PALAFOX PENSACOLA FL 32502 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OSCAR, TINA 5558 EAST BAY BLVD GULF BREEZE, FL 32563 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BROWN, CHARLIE 170 STONEWAY TRAIL MADISON, AL 35758 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP ASMAR, JOEL 254 LE STARBOARD DR PENSACOLA BEACH, FL 32561 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <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 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: _____ 2/16/07 (850) 932-4300 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

40023044



02132007 Chg-NP CR2E037 (12/06)

ATTACHMENT

40023022

DOCUMENT #N48465

Page Two

SUN RAY VILLAGE OWNERS ASSOCIATION INC.

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**Carter Haug
5636 Berry Brook Circle
Pace FL 32571**

D

**John Pinzino
49 Via De Luna
Pensacola Beach FL 32561**

D

**Liz Roberson
262 Sabine Drive
Pensacola Beach FL 32561**