

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48465

FILED
Jan 29, 2009
Secretary of State

Entity Name: SUN RAY VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

20 VIA DELUNA DR.
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

PO BOX 13270
PENSACOLA, FL 325913270

New Mailing Address:

FEI Number: 59-3181724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASMAR, JOEL
254 LE STARBORD DRIVE
PENSACOLA, FL 32561 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOEPFER, ALLAN
Address: 3501 SILVERTREE LANE
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: ELEBASH, WILLIAM
Address: 36 SOUTH PALAFOX
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: HAUG, CARTER
Address: 5636 BERRY BROOK CR
City-St-Zip: PACE, FL 32571

Title: V () Delete
Name: OSCAR, TINA
Address: 5558 EAST BAY BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: BROWN, CHARLIE
Address: 170 STONEWAY TRAIL
City-St-Zip: MADISON, AL 35758

Title: CP () Delete
Name: ASMAR, JOEL
Address: 254 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, BOB
Address: 812 DOWNTOWNER BLVD #1
City-St-Zip: MOBILE, AL 36609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BROWN, CHARLIE
Address: 170 STONEWAY TRAIL
City-St-Zip: MADISON, AL 35758

Title: S (X) Change () Addition
Name: ASMAR, JOEL
Address: 254 LE STARBOARD DR
City-St-Zip: PENSACOLA BEACH, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL ASMAR

S

01/29/2009

Electronic Signature of Signing Officer or Director

Date