2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NARAGE



FILED Feb 07, 2003 8:00 am | Secretary of State

| 1. Entity Name SUN RAY VILLAGE OWNERS ASSOCIATION, INC. | | | | | | | | 02-07-2003 | • | ****6 | 1.25 |
|---|-------------------------|---------------------------------------|------------------------------------|---------------------|-------------------------|--|---|-------------------|------------------|---------------|------------|
| Principal Pla | ace of Busines | s | Mailing Address | | | | | | | | |
| 20 VIA DELUNA DR. PENSACOLA BEACH FL 32561 | | | 20 VIA DELUNA DI PENSACOLA BEAC | | | | | | | - | |
| 2. Principal | Place of Busin | 3. Mailing Addres | . Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, e | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. | 4. FEI Number 59-3181724 Applied For Not Applied For | | | | |
| Zip Country | | Zip | Zip Co | | 5. | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | ditional | |
| | 6. Name | and Address of Current I | Registered Agent | | | 7. | Name and Add | ress of New R | egistered Age | nt | |
| | | | | - | Name | | | | | | |
| | r, allan Lvertree li | 1 | | | Street | Address (P.O. | Box Number is | Not Acceptable) | | | |
| PENSAC | OLA FL 325 | 04 | | | | | | | | | |
| | | | | | City | | | _ - | FL | Zip Cod | e |
| 8. The above | e named entity | submits this statement for | the purpose of chan | ging its registe | red office of | or registered a | agent, or both, in | the State of Flor | | liar with | and accept |
| the obliga | ations of registe | ered agent. | | | | | | | Total Tallitalli | | una docept |
| | | | | | • | · | • • | | | | |
| SIGNATURE | | or printed name of registered agent a | nd title if applicable. | (NOTE: Register | ed Agent signa | ature required when | reinstating) | | DATE | | |
| | | | | <u> </u> | | | | <u> </u> | OAIL . | | |
| | | | II | | | | \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | | |
| 10. | | OFFICERS AND DIR | ECTORS | 11. | | VDD: | ITIONS/CHANG | ES TO OFFICER | IC AND DIDEC | TODO IN | |
| TITLE | Р | 0.1.02/07/HB BITT | ☐ Delet | | | ADDI | ITIONS/CHANG | ES TO OFFICER | | Change | |
| NAME . | TOEPFER, | ALLAN | L Delet | NAM | | | | | | Gliange | ☐ Addition |
| STREET ADDRESS 3501 SILVERTREE LANE | | | st | | | | | | ĺ | | |
| CITY-ST-ZIP | PENSACOL | A FL 32504 | | ĊIT | Y-ST-ZIP | | | | | | |
| TITLE | S | | ☐ Delet | e TITL | .E | | | | | Change | Addition |
| NAME | DANCAESO | | | NAN | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | Light in the Air | | | | EET ADORESS (-St-Zip | | | | | | |
| TITLE | D | ZE FL 32561 | | | | | | | | | |
| NAME | GRAM, PET | FR | ☐ Delet | TITL | | | | | Ц | Change | ☐ Addition |
| STREET ADDRESS | 2031 GALT | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | PENSACOL | | | | -ST-ZIP | | | | | | |
| TITLE | VP | W. | ☐ Delete | TITL | E | | - | | | Change | Addition |
| NAME | GODWIN, P | AULINE | | NAM | Æ | | | | | onan g | |
| STREET ADDRESS | 503 PORT I | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | PENSACOL | A FL 32501 | | | -ST-ZIP | | | | | | |
| TITLE | D | IDIO | 🔀 Delete | | | D | | | | Change | Addition |
| NAME STREET ADDRESS | OSCAR, CH | | | NAM | | Oscar, | . Tina | | | | İ |
| CITY-ST-ZIP | 865 INDUS | mial lit | | ■ SIRE | | | | | | | |
| | I PENSALLI | | | CITY | ET ADORESS -ST-ZIP | 865 Ir | ndustria | al Ct | | | ļ |
| TITLE | T | A FL 32505 | | | -ST-ZIP | Pensac | ndustria cola FL | 11 Ct 32505 | | Ohana- | |
| TITLE NAME | T ELEBASH, \ | A FL 32505 | Delete | | -ST-ZIP | 865 Ir Pensac | ndustria | 32505 | X | Change | Addition |

this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information was and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all otherwise empowered. 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empty. changed, or on an attachment with an address

PO BOX 1872

SIGNATURE:

PENSACOLA FL 32589

CITY-ST-ZIP

ĬŚIGI<u>W</u> REQUIRED

2/5/03

850 - 932 - 4300

Additional page for:

attachment # N48465

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Document N48465 SUN RAY VILLAGE OWNERS ASSOCIATION, INC.

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

Addition

T 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