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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002461 (2)

1. Corporation Name

SUNCHASE TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business

NEWMAN-DAILEY RESORT
91 OLD HWY 98 SUITE 210
DESTIN FL 32541
US

Mailing Address

NEWMAN-DAILEY RESORT
P O BOX 1779
DESTIN FL 32540-1779
US

3. Date Incorporated or Qualified
05/25/1993

3a. Date of Last Report
06/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
59-3196908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LORRETTA W
91 OLD HIGHWAY 98
SUITE 210
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Loretta W Smith CAM Loretta W Smith 1/28/97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GREER, CHARLES
STREET ADDRESS 206 WILDWOOD TRACE
CITY-ST-ZIP HATTIESBURG MS 39402 ☐ DELETE

1.1 TITLE PD
1.2 NAME AREF, BIZHAN
1.3 STREET ADDRESS 1541 OLD HWY 98, #09
1.4 CITY-ST-ZIP DESTIN FL 32541 ☒ Change ☐ Addition

TITLE VPD
NAME CARTEE, JIM
STREET ADDRESS 1217 EDWARD LAKE CIRCLE
CITY-ST-ZIP BIRMINGHAM AL ☒ DELETE

2.1 TITLE VPD
2.2 NAME GREER, CHARLES
2.3 STREET ADDRESS 206 WILDWOOD TRACE
2.4 CITY-ST-ZIP HATTIESBURG ☒ Change ☐ Addition

TITLE STD
NAME AREF, BIZHAN
STREET ADDRESS 4305 HIGHWAY 98 EAST, UNIT #09
CITY-ST-ZIP DESTIN FL ☐ DELETE

3.1 TITLE SANDFORD, FRANCES (STD)
3.2 NAME
3.3 STREET ADDRESS 2100 BRECONROGE DR.
3.4 CITY-ST-ZIP MARIETTA, GA 30064 ☒ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)