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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002461

1. Corporation Name
SUNCHASE TOWNHOMES OWNERS ASSOCIATION, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
NEWMAN-DAILEY RESORT 91 OLD HWY 98 SUITE 210 DESTIN FL 32541 US	NEWMAN-DAILEY RESORT P O BOX 1779 DESTIN FL 32540 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/25/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3196908 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWMAN-DAILEY RESORT PROPERTIES INC
C/O LORRI SMITH
91 OLD HWY 98 SUITE 210
DESTIN FL 32541

10. Name and Address of New Registered Agent

31 Name: Loretta W. Smith, CAM
32 Street Address (P.O. Box Number is Not Acceptable): Newman-Dailey Resort Prop Inc.
33 12815 Hwy 98 W, Ste 100
34 City: Destin FL 35 Zip Code: 32541

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, CAM 6/8/99
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	☐ DELETE	1.1 TITLE	VPA	☒ Change ☐ Addition
NAME	GREER, CHARLES		1.2 NAME	Greer, Charles	
STREET ADDRESS	206 WILDWOOD TRACE		1.3 STREET ADDRESS	206 Wildwood Trace	
CITY-ST-ZIP	HATTIESBURG MS 39402		1.4 CITY-ST-ZIP	Hattiesburg, MS 39402	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDFORT, FRANCES		2.2 NAME		
STREET ADDRESS	2100 BRECONRIDGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30064		2.4 CITY-ST-ZIP		
TITLE	VPST	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	AREP, BIZHAN		3.2 NAME	AREF, Bizhan	
STREET ADDRESS	1541 OLD HWY 98 SUITE 9		3.3 STREET ADDRESS	1541 old Hwy 98 ste 9	
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 6-8-99 850-837-4587
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

Bizhan Aref 6-8-99 850-837-4587