

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002461

1. Entity Name

SUNCHASE TOWNHOMES OWNERS ASSOCIATION, INC.

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-20-2002 90093 001 ****61.25

Principal Place of Business

Mailing Address

2815 HWY 98 WEST
00
DESTIN FL 32541 32550
USNEWMAN-DAILEY RESORT
P O BOX 1779
DESTIN FL 32540
US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3196908

Applied For

Not Applicable

Zip

Country

Zip

Country

32550

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LORETTA W CPA
NEWMAN-DAILEY RESORT PROP DRC
12815 HWY 98AW, STE 100
DESTIN FL 32541

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.

SIGNATURE

Loretta W Smith, CAM Registered Agent

1/28/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☒ Delete
NAME GREER, CHARLES
STREET ADDRESS 208 WILDWOOD TRACE
CITY-ST-ZIP HATTIESBURG MS 39402TITLE ST ☐ Delete
NAME CARTER, PEGGY
STREET ADDRESS 7967-COUNTY HWY 280 E.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433TITLE PD ☐ Delete
NAME AREF, BIZHAN
STREET ADDRESS 1541 OLD HWY 98 #9
CITY-ST-ZIP DESTIN FL 32541TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice-President/Director ☐ Change ☒ Addition
NAME Meredith Walger
STREET ADDRESS 1541 Old Hwy 98, Unit 5
CITY-ST-ZIP Destin, FL 32550TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE President/Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/02

850.837.4587

Daytime Phone #

CR2E037 (9/01)