

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90083 021 ****61.25

0009012

DOCUMENT # N93000002461

1. Entity Name

SUNCHASE TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business

**12815 HWY 98 WEST
100
DESTIN FL 32550
US**

Mailing Address

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

2. Principal Place of Business

1541 Scenic Gulf Dr.

Suite, Apt. #, etc.

3. Mailing Address

7976 County Highway 280 E.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Destin

City & State

Defuniak Springs

4. FEI Number **59-3196908**

Applied For

☒ Not Applicable

Zip **FL**

Country **32550**

Zip **FL**

Country **32435**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Bizhan Aref**
Street Address (P.O. Box Number is Not Acceptable) **1541 Scenic Gulf Dr. #9**
~~7976 County Highway 280 E.~~
City **Defuniak Springs** FL Zip Code **32550**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, type 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 Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALGER, MEREDITH 1541 OLD HWY 98 UNIT 5 DESTIN FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTER, PEGGY 7967 COUNTY HWY 280 E. DEFUNIACK SPRINGS FL 32433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AREF, BIZHAN 1541 OLD HWY 98 #9 DESTIN FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/27/03

850.837.4587

CR2E037 (10/02)