

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004643 (1)

1. Corporation Name

SUNSET OAKS OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7200 N NINTH AVE
SUITE 6
PENSACOLA FL 32504

7200 N NINTH AVE
SUITE 6
PENSACOLA FL 32504

3. Date Incorporated or Qualified

09/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3356019

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

DICKSON, MAX L
7200 N NINTH AVE
SUITE 6
PENSACOLA FL 32504

81

Name

RAY ETHERIDGE

82

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

ETHERIDGE PROPERTY MANAGEMENT

83

4711-A SCENIC HIGHWAY

84

City PENSACOLA

FL

85

Zip Code 32504

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

RAY O. ETHERIDGE

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

(NOTE: Registered Agent Signature required when re-registering)

MARCH 21, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME DICKSON, MAX L
STREET ADDRESS 7200 N NINTH AVE SUITE 6
CITY-ST-ZIP PENSACOLA FL 32504

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME GODFREY, DICK
STREET ADDRESS 7200 N NINTH AVE SUITE 6
CITY-ST-ZIP PENSACOLA FL 32504

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST ☒ DELETE
NAME REEBER, CHARLES
STREET ADDRESS 7200 N NINTH AVE SUITE 6
CITY-ST-ZIP PENSACOLA FL 32504

3.1 TITLE STD ☐ Change ☒ Addition
3.2 NAME WILLIAM BENTLEY
3.3 STREET ADDRESS 7200 NORTH NINTH AVENUE, SUITE 6
3.4 CITY-ST-ZIP PENSACOLA, FLORIDA 32504

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX DICKSON MARCH 21, 1996 904-434-3583

DATE

Daytime Phone #

CR2E037 (12/95)