

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90026 031 ****61.25

DOCUMENT # 739439

1. Entity Name

SUNNYSIDE BEACH AND TENNIS CLUB CONDOMINIUM ASSO

Principal Place of Business

M ASSOCIATION, INC.
 22400 FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32413-8211

Mailing Address

M ASSOCIATION, INC.
 22400 FRONT BEACH ROAD
 PANAMA CITY BEACH FL 32413-8211

A0039020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1762938

Applied For

Not Applicable

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

LYNCH, JACQUELYN
 22400 FRONT BCH RD
 PANAMA CITY BEACH FL 32407

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

Jacquelyn Lynch, Jacquelyn Lynch, Manager

2/16/01

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

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STONE, JERRY	
STREET ADDRESS	3293 LONG HOLLOW PIKE	
CITY-ST-ZIP	HENDERSONVILLE TN 37075	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOTHER, ED	
STREET ADDRESS	5035 ABERDEEN WY	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARRINER, JAMES	
STREET ADDRESS	8093 CASTLEHILL RD	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, BARBARA	
STREET ADDRESS	100 NEW HOPE MT	
CITY-ST-ZIP	PELHAM AL 35124	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, JUDY	
STREET ADDRESS	2239 ADDISON RD	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIELDS, TOM	
STREET ADDRESS	5653 CASCADE CT	
CITY-ST-ZIP	COLUMBUS GA 31904	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brod Cole	
STREET ADDRESS	4238 BRIN RD.	
CITY-ST-ZIP	TUCKER, GA 30084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Godprey	
STREET ADDRESS	3454 Indian Lake Lane	
CITY-ST-ZIP	Relham, AL 35124	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Miller	
STREET ADDRESS	521 Derby Lane	
CITY-ST-ZIP	Montgomery, AL 36109	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:

Jacquelyn Lynch, Jacquelyn Lynch, Manager *2/16/01* *850-234-3385*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #