FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

752847

(4)

SUGAR BEACH TOWNHOME OWNERS' ASSOCIATION, INC.

						i		(6) 8 9 188	
Principal Place of Business Mailing Address									
8443 GULF BLVD. #D-18 B443 GULF BLVD. #E NAVARRE BEACH FL 32566 NAVARRE BEACH FL									
						 Date incorporated or Qualified 06/09/1980 	3a. Date of La. 03/28		
Principal Place of Business 2a. Mailing Address						4. FEI Number	1	Applied For	
21 Suite Ant	h oto	26				59-2130592 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		75 Additional	
City & State	e	City & State					- Fe	e Required	
23		28				Election Campaign Financing Trust Fund Contribution		00 May Be	
Zip	Country Zip		Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	30		Florida Statutes			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
				81	Name				
WASYLIK, LOUIS A.				82	Street Ar	Street Address (P.O. Box Number is Not Acceptable)			
343 LULA BELLE LANE									
FT. WAL	LTON BEACH FL 32548			83					
			t	84	City		—. 85 2	Zip Code	
11 Pursuant t	to the provisions of Sections 617 05	20 and 617 1500 Florida Statut						•	
Q. (Q9,5,0)	red agent, or both, in the State of Flo th, and accept the obligations of, Se	mon, buttin unanige was authoriz	eu ov me c	ve-n corpo	amed corp bration's bo	poration submits this statement for the purpo- oard of directors. I hereby accept the appoint	se of changing its iment as registere	registered office ed agent. Lam	
SIGNATURE	- <u></u>								
12.					signature requ	uired when reinstating)	DATE		
TITLE	P DELETE		13.	ILE.		ADDITIONS/CHANGES TO OFFICE			
NAME	DIERSEN, MAXINE						Change	Addition	
STREET ADDRESS	ANA TVOOLIN ACE		1.2 NA		ADDRESS				
CITY-ST-ZIP	LOUISVILLE KY		1 3 STREET ADDRESS 1 4 CITY - ST - ZIP		1				
TITLE				21 TITLE			☐ Change	Addition	
NAME	TORJUSEN, CHARLES		2 2 NAME				criange		
STREET ADDRESS	806 LAKEVIEW DRIVE		23 STREET A		ADDRESS				
City-St-ZiP	PASAGOULA MS		2 4 CITY-S						
TITLE	D	DELETE	3.1 TITLE				☐ Change	Addition	
NAMÉ	MARTIN, SYLVIA		3 2 NA	3.2 NAME					
STREET ADORESS	6509 RIVIERE DR.		3 3 STF	3 3 STREET ADDRESS					
CITY-ST-ZIP	PELL CITY FL		3 4. CHTY-		I - ZIP				
TITLE	D	☐ DELETE	4 1 TiT	LE	Ī	•	☐ Change	Addition	
NAME	WASYLIK, LOUIS		4 2 NA	ME					
STREET ADDRESS	343 LULA BELLE LANE		4 3 STREE		ADDRESS				
CITY-S1-ZIP TITLE	FT. WALTON BEACH FL ST	Finalcic	4.4 CiT		- ŽIP				
NAME	HEBINCK, ROBERT	DELETE	5 1 7171				Change	Addition	
STREET ADDRESS	165 SHORELINE DR.		5 2 NAF		I D D D C C C				
City-St-ZIP	MARY ESTHER FL				ADORESS				
TITLE	MANIE FALIFILIE	DELETE 61		Y - ST	- <u> </u>		Channe	Fladding	
NAME			6 2 NAM				☐ Change	Addition	
STREET ADDRESS					ADDRESS				
CHTY - ST - ZIP			64 CIT						
	certify that the information supplied	with this flips as valueted to							

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 OF PRINTED NAME OF MOTING OFFICER OR DIRECTOR

9 24~ 36 AN 485-1311