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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752847 (4)
1. Corporation Name
SUGAR BEACH TOWNHOME OWNERS' ASSOCIATION, INC.



Principal Place of Business 8443 GULF BLVD. #D-18 NAVARRE BEACH FL 32566	Mailing Address 8443 GULF BLVD. #D-18 NAVARRE BEACH FL 32566-7250
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3. Date Incorporated or Qualified 06/09/1980	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2130592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WASYLIK, LOUIS A.
343 LULA BELLE LANE
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIERSEN, MAXINE	
STREET ADDRESS	2810 TYSON PLACE	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TORJUSEN, CHARLES	
STREET ADDRESS	806 LAKEVIEW DRIVE	
CITY - ST - ZIP	PASAGOULA MS	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, SYLVIA	
STREET ADDRESS	6509 RIVIERE DR.	
CITY - ST - ZIP	PELL CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WASYLIK, LOUIS	
STREET ADDRESS	343 LULA BELLE LANE	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	OF	<input checked="" type="checkbox"/> DELETE
NAME	HEBINOK, ROBERT	
STREET ADDRESS	166 SHORELINE DR.	
CITY - ST - ZIP	MARY ESTHER FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diersen, Maxine	
1.3 STREET ADDRESS	2810 Tyson Place	
1.4 CITY - ST - ZIP	Louisville, Ky 40218	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Torjusen, Charles	
2.3 STREET ADDRESS	806 Lakeview Dr.	
2.4 CITY - ST - ZIP	Pasagoula, ms 39567	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin, Sylvia	
3.3 STREET ADDRESS	6509 Riviere Dr	
3.4 CITY - ST - ZIP	Pell City, Al 35125	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wasylik, Louis	
4.3 STREET ADDRESS	343 Lula Belle Lane	
4.4 CITY - ST - ZIP	Ft. Walton Bch, Fl 32548	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John Conner	
6.3 STREET ADDRESS	Box 26788	
6.4 CITY - ST - ZIP	Birmingham, Al 35296	

14. I do 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 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: _____ DATE: **14 JAN 97** DAYTIME PHONE: **904-939-2366**

CR2E037 (9/96)