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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90052 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752847**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/09/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2130592
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIERSEN, MAXINE	
STREET ADDRESS	2810 TYSON PLACE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORJUSEN, CHARLES	
STREET ADDRESS	806 LAKEVIEW DRIVE	
CITY-ST-ZIP	PASAGOULA MS	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, SYLVIA	
STREET ADDRESS	6509 RIVIERE DR.	
CITY-ST-ZIP	PELL CITY AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WASYLIK, LOUIS	
STREET ADDRESS	343 LULA BELLE LANE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNER, JOHN	
STREET ADDRESS	8512 NAVARRE PKWY	
CITY-ST-ZIP	NAVARRE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: STEFANO DE LUCA WASYLIK 23 FEB 99 850-882-4311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/98)