

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90051 020 ****61.25

DOCUMENT # 752847

1. Entity Name

SUGAR BEACH TOWNHOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8443 GULF BLVD. #D-18
 NAVARRE BEACH FL 32566

8443 GULF BLVD. #D-18
 NAVARRE BEACH FL 32566-7226

80007031



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

59-2130592

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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** Delete
 NAME **DIERSEN, MAXINE**
 STREET ADDRESS **2810 TYSON PLACE**
 CITY-ST-ZIP **LOUISVILLE KY**

TITLE **D** Change Addition
 NAME **Bob Lett**
 STREET ADDRESS **3404 River Tree Lane**
 CITY-ST-ZIP **Birmingham AL 35223**

TITLE **D** Delete
 NAME **TORJUSEN, CHARLES**
 STREET ADDRESS **806 LAKEVIEW DRIVE**
 CITY-ST-ZIP **PASAGOULA MS**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **MARTIN, SYLVIA**
 STREET ADDRESS **6509 RIVIERE DR.**
 CITY-ST-ZIP **PELL CITY AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **WASYLIK, LOUIS**
 STREET ADDRESS **343 LULA BELLE LANE**
 CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CONNER, JOHN**
 STREET ADDRESS **8542 NAVARRE PKWY**
 CITY-ST-ZIP **NAVARRE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **8510 Navarre Pkwy**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 JAN 00

Date

850-243-2240

Daytime Phone #