


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 752847 |  |
| 1. Entity Name SUGAR BEACH TOWNHOME OWNERS' ASSOCIATION, INC. | |

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|---|---|
| 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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01112005 No Chg-NP CR2E037 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-2130592 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARTIN, SYLVIA 6509 RIVIERE DR. PELL CITY, AL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WASYLIK, LOUIS 343 LULA BELLE LANE FT. WALTON BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONNER, JOHN 8510 NAVARRE PKWY NAVARRE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEIDLICH, H. EDWARD JR 516 SUNSET DR BAY SAINT LOUIS, MS 39520 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/19/05-80023-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **16 FEB 05 850-243-2740**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #