
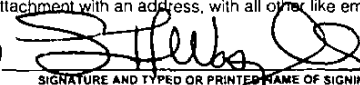


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90096 030 \*\*\*\*61.25

|  |                           |  |   |  |  |
|--|---------------------------|--|---|--|--|
| <b>DOCUMENT # 752847</b>   |                           |  |   |         |  |
| 1. Entity Name<br>SUGAR BEACH TOWNHOME OWNERS' ASSOCIATION, INC.   |                           |  |   |  |  |
| Principal Place of Business<br>8443 GULF BLVD. #D-18<br>NAVARRE BEACH, FL 32566  |                           | Mailing Address<br>8443 GULF BLVD. #D-18<br>NAVARRE BEACH, FL 32566  |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                           | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                           | City & State   |   |  |  |
| Zip  | Country                   | Zip  | Country   | 4. FEI Number<br>59-2130592  |  |
|  |                           |  |   | Applied For<br>Not Applicable  |  |
|  |                           |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                           |  | 7. Name and Address of New Registered Agent           |  |  |
| WASYLIK, LOUIS A.<br>343 LULA BELLE LANE<br>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. I am familiar with, and accept the obligations of registered agent.  |                           |  |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                           |  |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   | Make check payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS   |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE   | VP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MARTIN, SYLVIA            |  | NAME  |  |  |
| STREET ADDRESS   | 6509 RIVIERE DR.          |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | PELL CITY, AL             |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE   | D/T  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WASYLIK, LOUIS            |  | NAME  |  |  |
| STREET ADDRESS   | 343 LULA BELLE LANE       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | FT. WALTON BEACH, FL      |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                         | <input checked="" type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | ROBSON, DICK              |  | NAME  |  |  |
| STREET ADDRESS   | 3009 CORAL STRIP PKWY     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | GULF BREEZE, FL 32561     |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE   | D/S  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | WEIDLICH, H. EDWARD JR    |  | NAME  |  |  |
| STREET ADDRESS   | 516 SUNSET DR             |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BAY SAINT LOUIS, MS 39520 |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                         | <input type="checkbox"/> Delete  | TITLE   | P  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | PLYMALE, BUTCH            |  | NAME  | Frank Blizzard   |  |
| STREET ADDRESS   | 8520 GULF BLVD 24         |  | STREET ADDRESS  | 3212 calle De Cortez   |  |
| CITY-ST-ZIP  | NAVARRE, FL 32566         |  | CITY-ST-ZIP   | Navarre, FL 32566  |  |
| TITLE  |                           | <input type="checkbox"/> Delete  | TITLE   | D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                           |  | NAME  | Anthony Studebaker   |  |
| STREET ADDRESS   |                           |  | STREET ADDRESS  | 2525 Chimney Ridge Dr  |  |
| CITY-ST-ZIP  |                           |  | CITY-ST-ZIP   | Conyers, GA 30094  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |                           | LOUIS A. WASYLIK   |   | 01/10/08 850-243-2240  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           | Date   |   | Daytime Phone #  |  |