



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-21-2003 90132 026 ****61.25

DOCUMENT # 752847							
1. Entity Name SUGAR BEACH TOWNHOME OWNERS' ASSOCIATION, INC.							
Principal Place of Business 8443 GULF BLVD. #D-18 NAVARRE BEACH FL 32568			Mailing Address 8443 GULF BLVD. #D-18 NAVARRE BEACH FL 32568				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2130592			
Zip		Country		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. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW: FEE IS \$61.25		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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FORJSEN, CHARLES		NAME				
STREET ADDRESS	800 LAKEVIEW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PASADENA MS		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARTIN, SYLVIA <i>Director</i>		NAME				
STREET ADDRESS	6509 RIVIERE DR.		STREET ADDRESS				
CITY-ST-ZIP	PELL CITY AL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WASYLIK, LOUIS <i>Director</i>		NAME				
STREET ADDRESS	343 LULA BELLE LANE		STREET ADDRESS				
CITY-ST-ZIP	FT. WALTON BEACH FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CONNER, JOHN <i>Director</i>		NAME				
STREET ADDRESS	8510 NAVARRE PKWY		STREET ADDRESS				
CITY-ST-ZIP	NAVARRE FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date _____ Daytime Phone # _____							

CR2E037 (10/02)