

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$186 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 12 AM 9:13

DOCUMENT # 755427 (2)

1. Corporation Name
SUNRISE BEACH CLUB ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1212 NORTH ATLANTIC AVENUE 1212 NORTH ATLANTIC AVENUE
 DAYTONA BEACH FL 32118-3631 DAYTONA BEACH FL 32118-3631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1980** 3a. Date of Last Report **05/12/1994**
 4. FEI Number **59-2142786** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip
 24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
DUCHARME, JEAN
2807 CADY WAY
WINTER PARK, 32792-1857

10. Name and Address of New Registered Agent
 61 Name **MORRIS GOODWIN**
 62 Street Address (P.O. Box Number is Not Acceptable) **150 DUNDEE RD., SUITE A**
 63
 64 City **DAYTONA BEACH SHORES FL** 65 Zip Code **32118**

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 *Morris Goodwin* **MORRIS GOODWIN, SECRETARY/TREASURER** 7 JUNE 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, GEORGE C.
STREET ADDRESS	420 IDLEWOOD DR.
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	D
NAME	FOWLER, PAT M.
STREET ADDRESS	1968 GREEN APPLE CT.
CITY - ST - ZIP	ORANGE PARK FL
TITLE	DT
NAME	DUCHARME, JEAN
STREET ADDRESS	2807 CADY WAY
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	MATHEWS, SHIRLEY
STREET ADDRESS	5835 NORDE DR., WEST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	SMITH, HENRY
STREET ADDRESS	3720 N.W. 61 PLACE.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	DP
NAME	LARSON, SALLY
STREET ADDRESS	223 N.W. 91ST ST.
CITY - ST - ZIP	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1 2 NAME	ROBERT F. PINTO, JR.	
1 3 STREET ADDRESS	1111 BLUEBERRY DR.	
1 4 CITY - ST - ZIP	PORT ORNAGE, FL 32119	
2 1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 2 NAME	MORRIS GOODWIN	
2 3 STREET ADDRESS	150 DUNDEE RD., STE. A	
2 4 CITY - ST - ZIP	DAYTONA BEACH SHORES, FL 32118	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	HENRY SMITH	
5 3 STREET ADDRESS	3720 N.W. 61 PLACE	
5 4 CITY - ST - ZIP	GAINESVILLE, FL 32606	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *Morris Goodwin* **MORRIS GOODWIN, SECRETARY/TREASURER** 6/7/95
Signature and typed or printed name of signing officer or director Date (day, month, year)

CR2E037 (3/95)