


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755427 (2)
 1. Corporation Name
SUNRISE BEACH CLUB ASSOCIATION, INC.



Principal Place of Business 1212 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118-3631	Mailing Address 1212 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118-3631
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/08/1980	3a. Date of Last Report 03/04/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 59-2142786	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GOODWIN, MORRIS
150 DUNDEE RD
SUITE A
DAYTONA BEACH SHORE FL 32118

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINTO, ROBERT F JR.		1.2 NAME	
STREET ADDRESS 1111 BLUEBERRY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP PORT ORANGE FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOWLER, PAT M.		2.2 NAME	
STREET ADDRESS 1988 GREEN APPLE CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODWIN, MORRIS		3.2 NAME	
STREET ADDRESS 150 DUNDEE RD., STE A		3.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH SHORE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATHEWS, SHIRLEY		4.2 NAME	
STREET ADDRESS 5835 NORDE DR., WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, HENRY		5.2 NAME	
STREET ADDRESS 3720 N.W. 61 PLACE.		5.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		5.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARSON, SALLY		6.2 NAME	
STREET ADDRESS 223 N.W. 91ST ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		6.4 CITY-ST-ZIP	

14. I do 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 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 on an attachment with an address.

SIGNATURE: *Morris Goodwin* MORRIS GOODWIN 3/18/97 904-288-4546
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002288

CR2E037 (9/96)