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FILED
Feb 18, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-18-1999 90054 036 *****70.00

DOCUMENT # 755427

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/08/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2142786

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

24

25

29

30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME PINTO, ROBERT F JR.
STREET ADDRESS 1111 BLUEBERRY DR.
CITY-ST-ZIP PORT ORANGE FL

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME FOWLER, PAT M.
STREET ADDRESS 1968 GREEN APPLE CT.
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST [] DELETE
NAME GOODWIN, MORRIS
STREET ADDRESS 150 DUNDEE RD., STE A
CITY-ST-ZIP DAYTONA BEACH SHORE FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME MATHEWS, SHIRLEY
STREET ADDRESS 5835 NORDE DR., WEST
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP [] DELETE
NAME SMITH, HENRY
STREET ADDRESS 3720 N.W. 61 PLACE.
CITY-ST-ZIP GAINESVILLE FL

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DP [] DELETE
NAME LARSON, SALLY
STREET ADDRESS 223 N.W. 91ST ST.
CITY-ST-ZIP GAINESVILLE FL

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

MORRIS MORRIS Sec. Treas. 1/28/99 904-788-4546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)