


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90385 020 ****70.00

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DOCUMENT # 755427							
1. Entity 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			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2142786			
				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GOODWIN, MORRIS 150 DUNDEE RD SUITE A DAYTONA BEACH SHORE, FL 32118			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 _____							
Filing Fee is \$61.25 Due by May 1, 2005		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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWNING, DORIS		NAME	Bannon, John			
STREET ADDRESS	291 FLEMING DR		STREET ADDRESS	One Ligustrum Circle			
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	Ormond By The Sea, FL 32176			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEINBOHM, PAUL		NAME	Fowler, Pat			
STREET ADDRESS	1321 MARDRAKE RD.		STREET ADDRESS	P.O. Box 10274			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	Jacksonville, FL 32247			
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODWIN, MORRIS		NAME				
STREET ADDRESS	150 DUNDEE RD., STE A		STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH SHORE, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATHEWS, SHIRLEY		NAME				
STREET ADDRESS	5835 NORDE DR., WEST		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, HENRY		NAME	Smith, Henry			
STREET ADDRESS	3720 N.W. 61 PLACE.		STREET ADDRESS	3720 N.W. 61 Place			
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	Gainesville, FL			
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARSON, SALLY		NAME	Larson, Sally			
STREET ADDRESS	324 NW 48TH BLVD.		STREET ADDRESS	324 NW 48th Blvd			
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	Gainesville, FL 32607			
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: <i>Morris W. Goodwin</i>			Date: 5/26/2005 Daytime Phone #: 386-788-9546				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							