


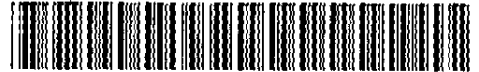
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 755427
 1. Entity 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**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2142786 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GOODWIN, MORRIS
150 DUNDEE RD
SUITE A
DAYTONA BEACH SHORE FL 32118

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BANNON, JOHN	
STREET ADDRESS	ONE LIGUSTRUM CIRCLE	
CITY-ST-ZIP	ORMOND BY THE SEA FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEINBOHM, PAUL	
STREET ADDRESS	1321 MARDRAKE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOODWIN, MORRIS	
STREET ADDRESS	150 DUNDEE RD., STE A	
CITY-ST-ZIP	DAYTONA BEACH SHORE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, SHIRLEY	
STREET ADDRESS	5835 NORDE DR., WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, HENRY	
STREET ADDRESS	3720 N.W. 61 PLACE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LARSON, SALLY	
STREET ADDRESS	324 NW 48TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000515687
 04/29/06-80220-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Morris Goodwin, Sec. Treas.* 4/16/2006 386-788-4546