


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90077 007 \*\*\*\*70.00

**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

40096440



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

02202007 Chg-NP CR2E037 (12/06)

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

4. FEI Number  
 59-2142786

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.* **3/27/07** **386-788-4546**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #