

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90096 003 ****61.25

0016167

DOCUMENT # N00000004266
 1. Entity Name
SUNSET BEACH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413	Mailing Address 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413
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00004998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1637 Suite, Apt. #, etc.
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City & State Santa Rosa Beach FL	4. FEI Number 59-3665041	Applied For <input type="checkbox"/> Not Applicable
Zip 32459	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEST, H. CLARK
10140 EAST COUNTY HIGHWAY 30-A B-401
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent
 Name **H. Clark West**
 Street Address (P.O. Box Number is Not Acceptable) **10140 East County Hwy 30A - B-401**
 City **Panama City Beach FL** Zip Code **32413**

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.

SIGNATURE *H. Clark West* DATE **1-9-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEST, H. CLARK 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MITCHELL, G. ELLIOTT 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, W. CHRISTOPHER SUITE 6-A, 151 REGIONS WAY DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *SUNSET BEACH HOMEOWNERS* DATE: **1-9-01** DAYTIME PHONE: **850-231-0691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)