



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90452 041 ****61.25

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 PO BOX 4612 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business PO Box 4946 Suite, Apt. #, etc.		3. Mailing Address PO Box 4946 Suite, Apt. #, etc.			
City & State Seaside FL		City & State Seaside FL		4. FEI Number 59-3665041	
Zip 32459		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT REALTY SERV., INC 3723 E C-30A SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name: <u>DAVID LEUZE</u> Street Address (P.O. Box Number is Not Acceptable): <u>9064 E. County Hwy 30.A</u> City: <u>Panama City Beach</u> FL <u>32413</u>	
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 <u>David Leuze</u> Signature, typed or printed name of registered agent and title if applicable.		<u>DAVID F LEUZE</u> (NOTE: Registered Agent signature required when reinstating.)		<u>4/27/05</u> 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MELGREN, RON <input type="checkbox"/> Delete 2817 DOWNING CIR BIRMINGHAM, AL 35242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BROYLES, CHRIS <input type="checkbox"/> Delete 1198 PELLY CIR ATLANTA, GA 30319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKENNA, MIKE <input checked="" type="checkbox"/> Delete 3589 BRIDGETOWN RD. BRISTOL, IN 46507		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRY MILTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 502 EUCLID AVE BIRMINGHAM AL 35213	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <u>Ron Melgren</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>Ron Melgren</u>		<u>4/28/05</u> Date	
Daytime Phone #					