


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90257 014 \*\*\*\*61.25

|  |                      |  |  |   |  |
|--|----------------------|--|--|---|--|
| DOCUMENT # N00000004266  |                      |  |  |  |  |
| 1. Entity Name<br><b>SUNSET BEACH HOMEOWNERS' ASSOCIATION, INC.</b>  |                      |  |  |   |  |
| Principal Place of Business<br>P.O. BOX 4946<br>SEASIDE, FL 32459  |                      |  | Mailing Address<br>P.O. BOX 4946<br>SEASIDE, FL 32459  |   |  |
| 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<br><b>59-3665041</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                      |  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |                      |  | 7. Name and Address of New Registered Agent  |   |  |
| LEUZE, DAVID<br><del>9084 E COUNTY HWY 30 A</del><br>PANAMA CITY BEACH, FL 32413   |                      |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>59 Canal St</b><br>City <b>Santa Rosa Beach</b> <b>FL</b> Zip Code <b>32459</b> |   |  |
| 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> <b>DAVID LEUZE</b> <u>5/1/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                      |  |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | PD                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | MELGREN, RON         |  | NAME   |   |  |
| STREET ADDRESS   | 2817 DOWNING CIR     |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | BIRMINGHAM, AL 35242 |  | CITY - ST - ZIP  |   |  |
| TITLE  | VTD                  | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   | BROYLES, CHRIS       |  | NAME   | <b>DOTS</b><br><b>Waller, Mike</b>  |  |
| STREET ADDRESS   | 1198 PELLY CIR       |  | STREET ADDRESS   | <b>504 Rumson Rd</b>  |  |
| CITY - ST - ZIP  | ATLANTA, GA 30319    |  | CITY - ST - ZIP  | <b>Birmingham AL 35209</b>  |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | MILTON, SHERRY       |  | NAME   |   |  |
| STREET ADDRESS   | 502 EUCLID AVE       |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | BIRMINGHAM, AL 35213 |  | CITY - ST - ZIP  |   |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   |                      |  | NAME   | <b>DV</b><br><b>Lee, Ken</b>  |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS   | <b>31 The Prado NE</b>  |  |
| CITY - ST - ZIP  |                      |  | CITY - ST - ZIP  | <b>Atlanta GA 30309</b>   |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   |                      |  | NAME   | <b>D</b><br><b>Ford, Chuck</b>  |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS   | <b>505 Trimble Lake Ct</b>  |  |
| CITY - ST - ZIP  |                      |  | CITY - ST - ZIP  | <b>Atlanta GA 30342</b>   |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME   |                      |  | NAME   | <b>D</b><br><b>Gordon Jeff</b>  |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS   | <b>700 Woodland Dr</b>  |  |
| CITY - ST - ZIP  |                      |  | CITY - ST - ZIP  | <b>Dothan AL 36301</b>  |  |
| 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: <u>Ron Melgren</u> <b>Ron Melgren</b> <u>5/1/06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                      |  |  |   |  |