


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90050 017 ****61.25

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1. Entity Name
SUNSET BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 4946
SEASIDE, FL 32459

Mailing Address
P.O. BOX 4946
SEASIDE, FL 32459

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

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

City & State

Zip Country



04292007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3665041

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEUZE, DAVID
59 CANAL ST
SANTA ROSA BEACH, FL 32459

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	PD	<input type="checkbox"/> Delete
NAME	MELGREN, RON	
STREET ADDRESS	2817 DOWNING CIR	
CITY-ST-ZIP	BIRMINGHAM, AL 35242	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	WALLER, MIKE	
STREET ADDRESS	504 RUMSON RD	
CITY-ST-ZIP	BIRMINGHAM, AL 35209	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILTON, SHERRY	
STREET ADDRESS	502 EUCLID AVE	
CITY-ST-ZIP	BIRMINGHAM, AL 35213	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LEE, KEN	
STREET ADDRESS	31 THE PRADO NE	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, CHUCK	
STREET ADDRESS	505 TRIMBLE LAKE CT	
CITY-ST-ZIP	ATLANTA, GA 30342	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, JEFF	
STREET ADDRESS	700 WOODLAND DR	
CITY-ST-ZIP	DOTHAN, AL 36301	

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: Ron Melgren Ron Melgren 4/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #