


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90154 048 ****70.00

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 1637
SANTA ROSA BEACH FL 32459**

80041733



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 4612
Suite, Apt. #, etc.

City & State
SANTA ROSA BEACH, FL 32459

4. FEI Number **59-3665041**

Applied For
 Not Applicable

Zip
32459

Country
US

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

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

7. Name and Address of New Registered Agent
Name **GARRETT REALTY SERV., INC.**
Street Address (P.O. Box Number is Not Acceptable)
3723 E. C-30A
City **SANTA ROSA BEACH** FL Zip Code **32459**

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  **RON MELGREN** **2/10/03**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD WEST, H. CLARK 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHELL, G. ELLIOTT 10140 EAST COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIM, SIDNEY 2300 COUNTRY CLUB LANE LITTLE ROCK AR 72207	<input checked="" 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	PD RON MELGREN 2817 DOWNING CIRCLE BIRMINGHAM, AL. 35242	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRIS BROYLES 1198 PELLY CIRCLE ATLANTA, GA. 30319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRIS SHEPARD 115 ST. ANDREWS FAIRWAY MEMPHIS, TN. 38111	<input type="checkbox"/> Change <input checked="" 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:  **RON MELGREN** **2/10/03** **205-298-3487**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)