

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO4902 (5)**
1. Corporation Name
SUN BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
95 FEB 28 AM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4232 S. ATLANTIC BLVD. 4232 S. ATLANTIC BLVD.
NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified 08/29/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2788462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**FERRARO, CYNTHIA
719 THIRD AVENUE
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	PD	11. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAMBURY, WILLIAM	12. NAME	neil, GEORGE
STREET ADDRESS	887 WINOVER COURT	13. STREET ADDRESS	4230 SUN VILLAGE COURT
CITY - ST - ZIP	NEW SMYRNA BEACH FL	14. CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	VD	21. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, KENNETH	22. NAME	FRIEDMAN MICHAEL
STREET ADDRESS	4238 SUN VILLAGE CT	23. STREET ADDRESS	865 WINDOVER COURT
CITY - ST - ZIP	NEW SMYRNA BEACH FL	24. CITY - ST - ZIP	NEW SMYRNA BEACH, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROST, RITA	32. NAME	
STREET ADDRESS	874 BAY BREEZE WAY	33. STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	34. CITY - ST - ZIP	
TITLE	TD STD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, ROBERT	42. NAME	
STREET ADDRESS	4246 SUN VILLAGE COURT	43. STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	44. CITY - ST - ZIP	
TITLE	D	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPERSIO, DOMENIC	52. NAME	
STREET ADDRESS	898 BAY BREEZE WAY	53. STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	54. CITY - ST - ZIP	
TITLE	SD	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINAS, JANET	62. NAME	
STREET ADDRESS	801 WINDOVER CT	63. STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this original report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Bambury* William Bambury 2-23-95 904-428-1805
(Signature and typed or printed name of signing officer or director)