

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04902 (5)**
1. Corporation Name
SUN BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 08/29/1984
3a. Date of Last Report: 02/28/1995

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

4. FEI Number: 59-2788462 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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): 4166 S. Atlantic Ave
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAMBURY, WILLIAM	
STREET ADDRESS	887 WINOVER COURT	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICKINSON, KENNETH	
STREET ADDRESS	4238 SUN VILLAGE CT	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROST, RITA	
STREET ADDRESS	874 BAY BREEZE WAY	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEONARD, ROBERT	
STREET ADDRESS	4246 SUN VILLAGE COURT	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIPERSIO, DOMENIC	
STREET ADDRESS	898 BAY BREEZE WAY	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEIL, GEORGE	
STREET ADDRESS	4230 SUN VILLAGE CT.	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Friedman	
1.3 STREET ADDRESS	865 Windover Court	
1.4 CITY - ST - ZIP	New Smyrna Beach FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marie Fitzsimmons	
2.3 STREET ADDRESS	4250 Sun Village	
2.4 CITY - ST - ZIP	New Smyrna Beach, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Schillhammer	
3.3 STREET ADDRESS	878 Bay Breeze Way	
3.4 CITY - ST - ZIP	New Smyrna Beach, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM BAMBURY

1/25/96 904-428-1680
Date Daytime Phone

CR2E037 (12/95)