

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
4232 S. ATLANTIC BLVD. NEW SMYRNA BEACH FL 32169  
4232 S. ATLANTIC BLVD. NEW SMYRNA BEACH FL 32169-3902

3. Date Incorporated or Qualified 08/29/1984  
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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  
4166 S ATLANTIC AVE  
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  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BAMBURY, WILLIAM	1.2 NAME	
STREET ADDRESS	887 WINOVER COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	DICKINSON, KENNETH	2.2 NAME	
STREET ADDRESS	4238 SUN VILLAGE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	FRIEDMAN, MICHAEL	3.2 NAME	
STREET ADDRESS	885 WINDOVER COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	D
NAME	LEONARD, ROBERT	4.2 NAME	
STREET ADDRESS	4246 SUN VILLAGE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DIPERSIO, DOMENIC	5.2 NAME	
STREET ADDRESS	898 BAY BREEZE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	FITZSIMMONS, MARIE	6.2 NAME	
STREET ADDRESS	4250 SUN VILLAGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 WILLIAM BAMBURY 1-10-97 904-428-1650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6003149

CR2E037 (9/96)