


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/29/1984	Applied For Not Applicable
4. FEI Number 59-2788462	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERRARO, CYNTHIA 4166 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	BAMBURY, WILLIAM	
STREET ADDRESS	887 WINOVER COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DICKINSON, KENNETH	
STREET ADDRESS	4238 SUN VILLAGE CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, MICHAEL	
STREET ADDRESS	865 WINDOVER COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, ROBERT	
STREET ADDRESS	4246 SUN VILLAGE COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIPERSIO, DOMENIC	
STREET ADDRESS	898 BAY BREEZE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FITZSIMMONS, MARIE	
STREET ADDRESS	4250 SUN VILLAGE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN SCHILLHAMMER		
2.3 STREET ADDRESS	878 BAY BREEZE WAY		
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	MICHEL PAQUETTE		
3.3 STREET ADDRESS	4226 SUN VILLAGE COURT		
3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	GILLFEDDER, LOUISE		
5.3 STREET ADDRESS	872 BAY BREEZE WAY		
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL		
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 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 01-12-98 (904) 428-1680

CR2E037 (10/97)