


**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90058 035 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04902**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 08/29/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. EEI Number 59-2788462
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

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 <b>PHYLLIS HOLLINGSWORTH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4232 SOUTH ATLANTIC AVE</b> 83 84 City <b>NEW SMYRNA BEACH</b> FL 85 Zip Code <b>32169</b>
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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 Phyllis Hollingsworth DATE 3/26/99  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLHAMMER, JOHN	2.2 NAME	JAMES L. WARD
STREET ADDRESS	878 BAY BREEZE WAY	2.3 STREET ADDRESS	4204 SUN VILLAGE CT.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAQUETTE, MICHAEL	3.2 NAME	PAQUETTE, MICHAEL
STREET ADDRESS	4226 SUN VILLAGE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLFEDDER, LOUISE	5.2 NAME	
STREET ADDRESS	872 BAY BREEZE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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, with all other like empowered.

SIGNATURE: W. SIGNATURE REQUIRED DATE 1/22/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)