

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90294 005 ****61.25

DOCUMENT # N04902

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2788462

Applied For
 Not Applicable

Zip

Country

Volusia

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~HOLLINGSWORTH, PHYLLIS~~
4232 SOUTH ATLANTIC DR.
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name **Terry W. Bishop**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Terry W. Bishop* **Terry W. Bishop -- Manager** **1/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P PURCELL, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	848 BAY BREEZE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE NAME	V SCHILLHAMMER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	818 BAY BREEZE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE NAME	D PAQUETTE, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4226 SUN VILLAGE COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE NAME	TD LEONARD, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	4246 SUN VILLAGE COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE NAME	D FRIEDMAN, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	865 WINDOVER CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE NAME	S KING, EDNA	<input type="checkbox"/> Delete
STREET ADDRESS	851 WINDOVER CT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE NAME	P Michael Friedman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	865 Windover Ct.	
CITY-ST-ZIP	New Smyrna, Fl. 32169	
TITLE NAME	D Ms. Eileen Mills	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	424 Caddie Drive	
CITY-ST-ZIP	Debary, Fl. 32713	
TITLE NAME	D Frank Purcell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	848 Bay Breeze Way	
CITY-ST-ZIP	New Smyrna, Fl. 32169	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Friedman* **Michael Friedman** **1/25/01** **904-428-1680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)