

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90100 014 \*\*\*\*61.25

**DOCUMENT # N04902**  
 1. Entity Name  
**SUN BEACH CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>4232 S. ATLANTIC BLVD. NEW SMYRNA BEACH FL 32169</b>	Mailing Address <b>4232 S. ATLANTIC BLVD. NEW SMYRNA BEACH FL 32169</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2788462</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BISHOP, TERRY W.**  
**4232 SOUTH ATLANTIC DR.**  
**NEW SMYRNA BEACH FL 32169**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 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 \_\_\_\_\_  
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**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>FREIDMAN, MICHAEL</b>
STREET ADDRESS	<b>865 WINDOVER CT.</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<del>SCHEIDT, JOHN</del>
STREET ADDRESS	<del>818 BAY BREEZE WAY</del>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MILLS, EILLEN MRS.</b>
STREET ADDRESS	<b>424 CADDIE DRIVE</b>
CITY-ST-ZIP	<b>DEBARY FL 32713</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>LEONARD, ROBERT</b>
STREET ADDRESS	<b>4246 SUN VILLAGE COURT</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<del>FORBELL, FRANK</del>
STREET ADDRESS	<del>848 BAY BREEZE WAY</del>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>KING, EDNA</b>
STREET ADDRESS	<b>851 WINDOVER CT</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32169</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Ken. Dickinson</b>
CITY-ST-ZIP	<b>4238 Sun Village Ct. New Smyrna, Fl. 32169</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Jennifer Bonamo</b>
CITY-ST-ZIP	<b>896 Bay Breeze Court New Smyrna, Fl. 32169</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **1/26/02 386-428-1680**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)