## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04902

FILED Apr 14, 2005 Secretary of State

Entity Name: SUN BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4232 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** 4232 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 FEI Number: 59-2788462 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BISHOP, TERRY W. FREIDMAN, MICHAEL 4232 SOUTH ATLANTIC DR. 865 WINDOVER CT. NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 US US 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: MICHAEL FREIDMAN 04/14/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FREIDMAN, MICHAEL Name: Name: 865 WINDOVER CT. Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: () Delete Title: () Change () Addition DICKINSON, KEN Name: Name: Address: 4238 SUN VILLAGE CT Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MILLS, EILLEEN MRS. MILLS, EILLEEN MRS. Name: Name: 424 CADDIE DRIVE Address: 424 CADDIE DRIVE Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: ( ) Delete Title: (X) Change ( ) Addition WALLACE, WILLIAM Name: Name: CRUTCHFIELD, JONATHAN 867 WINDOVER CT Address: 4278 SUN VILLAGE CT Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: () Delete Title: () Change () Addition PAQUETTE, MICHEL Name: Name: 4226 SUNVILLAGE CT Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete MANN JOHN MANN JOHN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

868 BAY BREEZE

NEW SMYRNA BEACH, FL 32169

SIGNATURE: MICHAEL FREIDMAN PRES 04/14/2005

868 BAY BREEZE

NEW SMYRNA BEACH, FL 32169

Address:

City-St-Zip: