2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 23, 2006 8:00 am **Secretary of State** DOCUMENT # N04902 01-23-2006 90044 040 ****61.25 SUN BEACH CLUB CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4232 S. ATLANTIC AVE 4232 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E037 (11/05) FEI Number 59-2788462 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREIDMAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 865 WINDOVER CT. NEW SMYRNA BEACH, FL 32169 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Received Agent signature required when revisiating) DATE Streeture, typed or project percent projectived executed title if applicable 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Addition TITLE ☐ Delete ☐ Change Crutch field, Jonathan FREIDMAN, MICHAEL NAME NAME 867 Windover CT. New Swyrna Beach, FL 32169 STREET ADDRESS 865 WINDOVER CT. STREET ADDRESS CITY ST-70P CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 ☐ Change Addition Delete TITLE TITLE DICKINSON, KEN swinford, Donna NAME NAME 4206 sunvillage CT. New Smyrna Beach STREET ADORESS 4238 SUN VILLAGE CT STREET ADDRESS. 32169 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP ☐ Channe TITLE ☐ Delete TITLE Addition Pethick, Dean MILLS, EILLEEN MRS. NAME NAME STREET ADDRESS **424 CADDIE DRIVE** STREET ADORESS SED Bay Breeze way CITY-ST-ZIP **DEBARY, FL 32713** CITY-ST-ZIP Delete пп€ Addition TITLE CRUTCHFIELD, JONATHAN NAME NAME STREET ADDRESS STREET ADDRESS 867 WINDOVER CT CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE PAQUETTE, MICHEL NAME STREET ADDRESS **4226 SUNVILLAGE CT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

FILED

☐ Addition

☐ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

STREET ADDRESS CITY-51-702

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR SIGNATURE: _

☐ Defete

MANN, JOHN

NEW SMYRNA BEACH, FL 32169

STREET ADDRESS | 868 BAY BREEZE

NAME

CITY-ST-ZIP