

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04902

FILED
Jun 19, 2009
Secretary of State

Entity Name: SUN BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4232 S. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4232 S. ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-2788462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEALAND-FREET, ELLA M
130 HIBISCUS RD
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

CRUTCHFIELD, JONATHAN
867 WINDOVER CT
NEW SMYRNA BEACH, FL 32169 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: JONATHAN CRUTCHFIELD

06/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANN, JOHN
Address: 868 BAY BREEZE WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Delete
Name: CRUTCHFIELD, JONATHON
Address: 867 WINDOVER CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: MILLS, EILLEEN
Address: 888 BAY BREEZE WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SEC () Delete
Name: FLANIGAN, JEANNE
Address: 4258 SUN VILLAGE COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CRUTCHFIELD, JONATHAN
Address: 867 WINDOVER CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: VANDERPOOL, BARRY
Address: 877 WINDOVER CT
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: THOMAS M ROSE

M

06/19/2009

Electronic Signature of Signing Officer or Director

Date