

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 22 10:13

DOCUMENT # N48941

(1)

1. Corporation Name

SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ROUTE 2 BOX 4820
SANTA ROSA BCH. FL 32459
US

ROUTE 2 BOX 4820
SANTA ROSA BCH. FL 32459
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3180072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3040 E. Scenic 30A

27 3040 E. Scenic 30A

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABBOTT REALTY SERVICES INC.

WALTER D. SCOTT

ROUTE 2 BOX 4820

SANTA ROSA BCH. FL 32459

81 Name

Cynthia T. Stenberg

82 Street Address (P.O. Box Number is Not Acceptable)

40 Abbott Resorts

83

3040 E. Scenic 30A

84

Santa Rosa Bch

FL

85

Zip Code

32459

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Cynthia T. Stenberg

Cynthia T. Stenberg

4/12/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

MYERS, SCOTT M

STREET ADDRESS

249 YACHT CLUB DRIVE

CITY - ST - ZIP

FT WALTON BEACH FL

1.1 TITLE

P/D

1.2 NAME

Steve Peterson

1.3 STREET ADDRESS

PO Box 1616

1.4 CITY - ST - ZIP

Santa Rosa Bch, FL 32459

TITLE

P/D

NAME

DAVIS, LARRY

STREET ADDRESS

P. O. BOX 4662 N/A

CITY - ST - ZIP

SEASIDE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

VD

NAME

MOWREY, WAYNE

STREET ADDRESS

3333 SULKY CIRCLE

CITY - ST - ZIP

MARIETTA GA

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

ED

NAME

WILLIAMS, TIM

STREET ADDRESS

4421 HOCKADAY

CITY - ST - ZIP

DALLAS TX

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

TD

NAME

THOMA, ROBERT

STREET ADDRESS

336 TYNEBRAE COURT

CITY - ST - ZIP

ROSWELL GA

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

S/D

NAME

Russ Gray

STREET ADDRESS

6355 N. 26th + Lake Dr

CITY - ST - ZIP

Alpharetta GA 30202

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 94-1671022