

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48941

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7 TOWN CENTER LOOP
C16
SANTA ROSA BCH., FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1247
SANTA ROSA BCH., FL 32459 US

New Mailing Address:

FEI Number: 59-3180072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENBERG, CYNTHIA T
7 TOWN CENTER LOOP
C16
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: DOYLE, FRANK
Address: 112 PALM SWIFT DR
City-St-Zip: SLIDELL, LA 70461

Title: DP () Delete
Name: KNIGHT, CONNIE
Address: 3217 FIDDLERS HAMMOCK LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: DT () Delete
Name: HOLMES, STEPHEN
Address: 167 SEAWARD DR
City-St-Zip: ROSS, CA 94957

Title: DS () Delete
Name: COLLINS, LORRIE
Address: P.O. BOX 1708
City-St-Zip: MURPHREESBORO, TN 37130

Title: D () Delete
Name: EDWARDS, JOHN
Address: 6918 SURREY LANE
City-St-Zip: GERMANTOWN, TN 38138

Title: DVP () Delete
Name: POLK, SAM
Address: 170 EMERALD DUNE CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: POLK, SAM
Address: 170 EMERALD DUNE CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP (X) Change () Addition
Name: HOLMES, STEPHEN
Address: 167 SEAWARD DR
City-St-Zip: ROSS, CA 94957

Title: DS (X) Change () Addition
Name: SCHNEEBERGER, MARCIA
Address: 726 LAKE DRIVE
City-St-Zip: N MUSKEGON, MI 49445

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

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

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: MARCIA SCHNEEBERGER

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04/28/2008

Electronic Signature of Signing Officer or Director

Date