

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91336 036 ****61.25

DOCUMENT # N48941

1. Entity Name

SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**THE ASSOCIATION OFFICE
#17 A 56 SPRINGS LN
SANTA ROSA BCH. FL 32459
US**

Mailing Address

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

11024915



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3180072**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STENBERG, CYNTHIA T
3812 W SCENIC 30A
SANTA ROSA BEACH FL 32459**

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **DINOFIA, CHARLIE**
STREET ADDRESS **70 SEAWARD DR**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DVP** ☒ Delete
NAME **STOKES, NITA**
STREET ADDRESS **7247 RIVERSIDE DR NW**
CITY-ST-ZIP **ATLANTA FL 30328**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Charlie Horton**
STREET ADDRESS **36 Sundown Ct**
CITY-ST-ZIP **Santa Rosa Bch, FL 32459**

TITLE **SD** ☐ Delete
NAME **COX, PHYLLIS**
STREET ADDRESS **247 E PARKWOOD DR**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☒ Delete
NAME **COLLINS, GEORGE**
STREET ADDRESS **P.O. BOX 1708**
CITY-ST-ZIP **MURFREESBORO TN 37130**

TITLE **TD** ☐ Change ☒ Addition
NAME **Frank Doyle**
STREET ADDRESS **112 Palm Swift Dr**
CITY-ST-ZIP **Slidell, LA 70461**

TITLE **D** ☐ Delete
NAME **WARD, PHIL**
STREET ADDRESS **119 OAKHILL DR**
CITY-ST-ZIP **OXFORD OH 45056**

TITLE **D** ☐ Change ☒ Addition
NAME **Kori Drew**
STREET ADDRESS **3725 N Palafox St**
CITY-ST-ZIP **Pensacola, FL 32505**

TITLE **D** ☒ Delete
NAME **KOELTL, LYNN**
STREET ADDRESS **914 E ROCK SPRINGS RD**
CITY-ST-ZIP **ATLANTA GA 30306**

TITLE **D** ☐ Change ☒ Addition
NAME **Phyllis Woems**
STREET ADDRESS **4014 Indian Trl**
CITY-ST-ZIP **Destin, FL 32541**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: CHSIRINDIA PROSIREO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desktop Phone #

850-267-8458

CR2E037 (10/02)