FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995 5-29-95 B-6967-C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 2:13

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 (21): Suite, Apt. #, etc. (22): 3040 E. Scenic 30A; City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): 3040 E. Scenic 30A; City & State (28); Zip (29); Country (30)

9. Name and Address of Current Registered Agent

ABBOTT REALTY SERVICES INC.
~~WALTER D. SCOTT~~
~~ROUTE 2 BOX 4820~~
SANTA ROSA BCH. FL 32459

10. Name and Address of New Registered Agent

81 Name: Cynthia T. Stenberg
82 Street Address (P.O. Box Number is Not Acceptable): C/O Abbott Resorts
83: 3040 E. Scenic 30A
84 City: 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 — Signature, typed or printed name of registered agent and title if applicable
Cynthia T. Stenberg — NOTE: Registered Agent signature required when reinstating
DATE: 4/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☐ Change ☐ Addition
NAME	~~MYERS, SCOTT M~~	12 NAME	Steve Peterson	
STREET ADDRESS	~~249 YACHT CLUB DRIVE~~	13 STREET ADDRESS	PO Box 1616	
CITY-ST-ZIP	~~FT WALTON BEACH FL~~	14 CITY-ST-ZIP	Santa Rosa Bch, FL 32459	
TITLE	~~PD~~	21 TITLE		☐ Change ☐ Addition
NAME	DAVIS, LARRY	22 NAME		
STREET ADDRESS	P. O. BOX 4662 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	SEASIDE FL	24 CITY-ST-ZIP		
TITLE	~~VD~~	31 TITLE		☐ Change ☐ Addition
NAME	~~MOWREY, WAYNE~~	32 NAME		
STREET ADDRESS	~~3333 SULKY CIRCLE~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~MARIETTA GA~~	34 CITY-ST-ZIP		
TITLE	~~SD~~	41 TITLE	D	☐ Change ☐ Addition
NAME	WILLIAMS, TIM	42 NAME		
STREET ADDRESS	4421 HOCKADAY	43 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	THOMA, ROBERT	52 NAME		
STREET ADDRESS	336 TYNEBRAE COURT	53 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA	54 CITY-ST-ZIP		
TITLE	S/D	61 TITLE		☐ Change ☐ Addition
NAME	Russ Gray	62 NAME		
STREET ADDRESS	6355 Nesbit Lake Dr	63 STREET ADDRESS		
CITY-ST-ZIP	Alpharetta GA 30202	64 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 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/12/95
Daytime Phone #: 904-267-1022

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