

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48941** (1)

1. Corporation Name

**SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
4444 W SCENIC 30A SANTA ROSA BCH. FL 32459 US	4444 W SCENIC 30A SANTA ROSA BCH. FL 32459 US

3. Date Incorporated or Qualified

05/14/1992

4. FEI Number

59-3180072

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STENBERG, CYNTHIA T  
4444 W SCENIC 30A  
SANTA ROSA BEACH FL 32459

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, STEVE	1.2 NAME	
STREET ADDRESS	138 SEAWARD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LARRY	2.2 NAME	
STREET ADDRESS	500 N WALTON LAKESHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JULET BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, RUSS	3.2 NAME	
STREET ADDRESS	8355 NESBIT LAKE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TIM	4.2 NAME	
STREET ADDRESS	4421 HOCKADAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEMS, PHYLLIS	5.2 NAME	
STREET ADDRESS	2076 COWDEN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JOHN	6.2 NAME	
STREET ADDRESS	8918 SURREY LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN TN	6.4 CITY-ST-ZIP	

Robert Thomas  
Sunrise Bch, Sundown Ct Lot 36  
Santa Rosa Bch FL

VPD Mike Snowball  
4801 W Forrest Peak  
Marietta GA 30066

14. 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 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]*

2/20/98

CR2E037 (10/97)