

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48941

1. Entity Name

SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3812 W SCENIC 30A
SANTA ROSA BCH. FL 32459
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3180072

Applied For

Not Applicable

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Delete
NAME DINOFIA, CHARLES
STREET ADDRESS 70 SEAWOOD DR
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☒ Addition
NAME T D Charlie Horton III
STREET ADDRESS 36 Sundown Ct
CITY-ST-ZIP Santa Rosa Bch FL 32459

TITLE SD ☐ Delete
NAME STOKES, NITA
STREET ADDRESS 7247 RIVERSIDE DR NW
CITY-ST-ZIP ATLANTA FL 30328

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

TITLE PD ☒ Delete
NAME MIKE SNOWBALL
STREET ADDRESS 4801 W FORREST PEAK
CITY-ST-ZIP MARIETTA GA 30066

TITLE P D ☐ Change ☐ Addition
NAME Richard Jacobs
STREET ADDRESS 2313 Pine Crest Dr
CITY-ST-ZIP Birmingham AL 35216

TITLE D ☐ Delete
NAME KNIGHT, CONNIE
STREET ADDRESS 1801 WOOD CLIFF TERR
CITY-ST-ZIP ATLANTA GA 30324

TITLE S, D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME WEEMS, PHYLLIS
STREET ADDRESS 2076 COWDEN AVE
CITY-ST-ZIP MEMPHIS TN

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

TITLE D ☐ Delete
NAME BEAR, JOHN
STREET ADDRESS 308 THE CHASE NE
CITY-ST-ZIP ATLANTA GA 30328

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

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:

Charles Horton III
Treasurer 18 FEB 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE