

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48941

Entity Name: SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7 TOWN CENTER LOOP
C16
SANTA ROSA BCH, FL 32459**Current Mailing Address:**P.O. BOX 1247
SANTA ROSA BCH, FL 32459 US**FEI Number:** 59-3180072**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STENBERG, CYNTHIA T
7 TOWN CENTER LOOP
C16
SANTA ROSA BEACH FL 32459 US*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**Officer/Director Detail :**Title D
Name TUCKER, ROBERT
Address 1126 WELLSHIRE DR
City-State-Zip: KATY TX 77494Title VD
Name MONDE, DAVID
Address 4855 CAROL LANE NW
City-State-Zip: ATLANTA GA 30327Title PD
Name HOLMES, STEPHEN
Address 167 SEAWARD DR
City-State-Zip: ROSS CA 94957Title D
Name EDWARDS, JOHN
Address 207 ACADIA AVENUE
City-State-Zip: FRANKLIN TN 37064-4846Title D
Name WAGNER, CHARLES
Address 4076 ALTA VISTA WAY
City-State-Zip: KNOXVILLE TN 37919Title TREASURER
Name SKJELLUM, ANTHONY
Address 2926 SMYER ROAD
City-State-Zip: VESTAVIA HILLS AL 35216Title SECRETARY
Name WEEMS, PHYLLIS
Address 4014 INDIAN TRAIL
City-State-Zip: DESTIN FL 32541

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN HOLMES

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail_____
Date