

2018 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	DIRECTOR
Name	COLLINS, GEORGE DR.
Address	POST OFFICE BOX 1708
City-State-Zip:	MURPHREESBORO TN 37130-1708

Title	PD
Name	HOLMES, STEPHEN
Address	167 SEAWARD DR
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	STOKES, JUANITA
Address	2050 RIVERSIDE ROAD
City-State-Zip:	ROSWELL GA 30076

Title	VP
Name	WARD, PHILLIP
Address	553 PENINSULA TRAIL
City-State-Zip:	TRAVERSE CITY MI 49696

Title	SECRETARY
Name	SCHNEEBERGER, MARCIA
Address	726 LAKE DRIVE
City-State-Zip:	NORTH MUSKEGON MI 49445

Title	TREASURER
Name	PRAISS, JULIANE
Address	7445 CROMWELL DRIVE
City-State-Zip:	CLAYTON MO 63105

Title	DIRECTOR
Name	SANDOZ, MICHELE
Address	POST OFFICE BOX 408
City-State-Zip:	DOUGLAS TX 75943

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****03/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date