

2015 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	COLLINS, GEORGE DR.
Address	POST OFFICE BOX 1708
City-State-Zip:	MURPHREESBORO TN 37130-1708

Title	DIRECTOR
Name	MONDE, DAVID
Address	4855 CAROL LANE NW
City-State-Zip:	ATLANTA GA 30327

Title	PD
Name	HOLMES, STEPHEN
Address	167 SEAWARD DR
City-State-Zip:	ROSS CA 94957

Title	TREASURER, DIRECTOR
Name	EDWARDS, JOHN
Address	207 ACADIA AVENUE
City-State-Zip:	FRANKLIN TN 37064-4846

Title	D
Name	WAGNER, CHARLES
Address	4076 ALTA VISTA WAY
City-State-Zip:	KNOXVILLE TN 37919

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

Title	VP, DIRECTOR
Name	WEEMS, PHYLLIS
Address	90 SHADY OAKS DRIVE
City-State-Zip:	EADS TN 38028

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****04/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date