

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739439 (8)

1. Corporation Name

SUNNYSIDE BEACH AND TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
M ASSOCIATION, INC. 22400 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-8211	M ASSOCIATION, INC. 22400 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-8211

3. Date Incorporated or Qualified 06/22/1977	3a. Date of Last Report 04/17/1995
--	--

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number 59-1762938	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, GERALD T.
22400 FRONT BEACH RD
PANAMA CITY BCH FL 32413**

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

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 *Gerald T. Andrews*
Signature, typed or printed name of registered agent and title if applicable.

4-24-96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE P
NAME	STONE, JERRY S	1.2 NAME President Robert Gitchell
STREET ADDRESS	3293 LONG HOLLOW PK	1.3 STREET ADDRESS 207 Southfield Rd.
CITY-ST-ZIP	HENDERSONVILLE TN	1.4 CITY-ST-ZIP Panama City Beach FL 32413
TITLE	VD	2.1 TITLE V
NAME	GITCHELL, ROBERT	2.2 NAME Vice President William Brooks
STREET ADDRESS	207 SOUTHFIELD RD	2.3 STREET ADDRESS 111 Redcliff Circle
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP Enterprise AL 32
TITLE	D	3.1 TITLE T
NAME	HAGAR, ANN	3.2 NAME Scott Hess - Treasurer
STREET ADDRESS	729 GREYMONT DRIVE	3.3 STREET ADDRESS 206 Lakewood
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP Enterprise AL 36330
TITLE	SD	4.1 TITLE D
NAME	SCHOFIELD, PETE	4.2 NAME Director Timothy Bugg
STREET ADDRESS	205 WELTON DR	4.3 STREET ADDRESS Rt. 11 Box 619
CITY-ST-ZIP	MADISON AL	4.4 CITY-ST-ZIP Dothan AL 36301
TITLE	TD	5.1 TITLE
NAME	KENDRICK, DORIS	5.2 NAME
STREET ADDRESS	RT. #1 BOX 612	5.3 STREET ADDRESS
CITY-ST-ZIP	ENTERPRISE AL	5.4 CITY-ST-ZIP
TITLE	D	6.1 TITLE
NAME	MCCULLEY, HERMAN	6.2 NAME
STREET ADDRESS	3408 RIDGEDELL CIR	6.3 STREET ADDRESS
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME President Robert Gitchell	
1.3 STREET ADDRESS 207 Southfield Rd.	
1.4 CITY-ST-ZIP Panama City Beach FL 32413	
2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Vice President William Brooks	
2.3 STREET ADDRESS 111 Redcliff Circle	
2.4 CITY-ST-ZIP Enterprise AL 32	
3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Scott Hess - Treasurer	
3.3 STREET ADDRESS 206 Lakewood	
3.4 CITY-ST-ZIP Enterprise AL 36330	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Director Timothy Bugg	
4.3 STREET ADDRESS Rt. 11 Box 619	
4.4 CITY-ST-ZIP Dothan AL 36301	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Gitchell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 904-230-0613
Date Daytime Phone #

CR2E037 (12/95)