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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90102 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739439

1. Corporation Name
SUNNYSIDE BEACH AND TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business M ASSOCIATION, INC. 22400 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-8211	Mailing Address M ASSOCIATION, INC. 22400 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413-8211
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/22/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1762938
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUSH, MARIE 22400 FRONT BCH RD PANAMA CITY BCH FL 32413				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STONE, JERRY	1.1 TITLE	VD Stone, Jerry
NAME	3293 LONG HOLLOW PIKE	1.2 NAME	3293 Long Hollow Pike
STREET ADDRESS	HENDERSONVILLE TN 37075	1.3 STREET ADDRESS	HENDERSONVILLE, TN 37075
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD MILLER, LAMAR	2.1 TITLE	TD Kotter, Ed
NAME	944 VALLEYVIEW RD	2.2 NAME	5035 Aberdeen Way
STREET ADDRESS	INDIAN SPRINGS AL 35124	2.3 STREET ADDRESS	Birmingham, AL 35242
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD KENDRICK, DORIS	3.1 TITLE	SD Manniner, James
NAME	RT 1 BOX 612	3.2 NAME	8093 Castlehill Rd.
STREET ADDRESS	ENTERPRISE AL 36330	3.3 STREET ADDRESS	Birmingham, AL 35242
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD SANDERS, BARBARA	4.1 TITLE	D Sanders, Barbara
NAME	100 NEW HOPE MT	4.2 NAME	100 New Hope Mt
STREET ADDRESS	PELHAM AL 35124	4.3 STREET ADDRESS	Pelham AL 35124
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BUGG, TIMOTHY	5.1 TITLE	D Young, Judy
NAME	RT11, BOX 619	5.2 NAME	2239 Addison Rd.
STREET ADDRESS	DOTAHAN AL	5.3 STREET ADDRESS	Marietta, GA 30066
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D KNOWLES, A CHARLES	6.1 TITLE	PD Knowles, A. Charles
NAME	P.O. BOX 45	6.2 NAME	P.O. Box 45
STREET ADDRESS	ELLERSLIE GA 31807	6.3 STREET ADDRESS	Ellerslie, GA 31807
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (1/198)