

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90084 023 ****61.25

DOCUMENT # 739439

1. Entity Name
SUNNYSIDE BEACH AND TENNIS CLUB CONDOMINIUM ASSO

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 32413-1211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-1762938	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent RUSH, MARIE 22400 FRONT BCH RD PANAMA CITY BCH FL 32413		7. Name and Address of New Registered Agent Name <i>Jacquelyn Lynch</i> Street Address (P.O. Box Number is Not Acceptable) <i>22400 Front Beach Rd</i> City <i>Panama City Beach</i> FL Zip Code <i>32407</i>	
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8. 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 *Jacquelyn Lynch, Jacquelyn Lynch, Manager* DATE *3/22/00*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD <input type="checkbox"/> Delete NAME STONE, JERRY STREET ADDRESS 3293 LONG HOLLOW PIKE CITY-ST-ZIP HENDERSONVILLE TN 37075		TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Stone, Jerry</i> STREET ADDRESS <i>3293 Long Hollow Pike</i> CITY-ST-ZIP <i>Hendersonville, TN 37075</i>	
TITLE TD <input type="checkbox"/> Delete NAME LOTHER, EDD STREET ADDRESS 5035 ABERDEEN WY CITY-ST-ZIP BIRMINGHAM AL 35242		TITLE P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Lothor, Ed</i> STREET ADDRESS <i>5035 Aberdeen Way</i> CITY-ST-ZIP <i>Birmingham, AL 35242</i>	
TITLE SD <input type="checkbox"/> Delete NAME MARRINER, JAMES STREET ADDRESS 8093 CASTLEHILL RD CITY-ST-ZIP BIRMINGHAM AL 35242		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Nick Luman</i> STREET ADDRESS <i>22400 Front Beach rd</i> CITY-ST-ZIP <i>Panama City Beach, FL 32413</i>	
TITLE D <input type="checkbox"/> Delete NAME SANDERS, BARBARA STREET ADDRESS 100 NEW HOPE MT CITY-ST-ZIP PELHAM AL 35124		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Brad Cole</i> STREET ADDRESS <i>4238 Britt Rd</i> CITY-ST-ZIP <i>Tucker, GA 30084</i>	
TITLE D <input type="checkbox"/> Delete NAME YOUNG, JUDY STREET ADDRESS 2239 ADDISON RD CITY-ST-ZIP MARIETTA GA 30066		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Sandra Madden</i> STREET ADDRESS <i>P.O. Box 2109</i> CITY-ST-ZIP <i>Kennesaw, GA 30144</i>	
TITLE PD <input checked="" type="checkbox"/> Delete NAME KNOWLES, A CHARLES STREET ADDRESS P.O. BOX 45 CITY-ST-ZIP ELLERSLIE GA 31807		TITLE TD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Tom Fields</i> STREET ADDRESS <i>5453 Cascade Ct</i> CITY-ST-ZIP <i>Columbus, GA 31904</i>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edd Lothor* DATE: *3/22/00* DAYTIME PHONE #: *850-234-3385*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)