

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90026 031 ****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 32413-8211

A0039020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1762938

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, JACQUELYN
 22400 FRONT BCH RD
 PANAMA CITY BEACH FL 32407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

2/16/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | STONE, JERRY | |
| STREET ADDRESS | 3293 LONG HOLLOW PIKE | |
| CITY-ST-ZIP | HENDERSONVILLE TN 37075 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LOTHER, ED | |
| STREET ADDRESS | 5035 ABERDEEN WY | |
| CITY-ST-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | MARRINER, JAMES | |
| STREET ADDRESS | 8093 CASTLEHILL RD | |
| CITY-ST-ZIP | BIRMINGHAM AL 35242 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SANDERS, BARBARA | |
| STREET ADDRESS | 100 NEW HOPE MT | |
| CITY-ST-ZIP | PELHAM AL 35124 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | YOUNG, JUDY | |
| STREET ADDRESS | 2239 ADDISON RD | |
| CITY-ST-ZIP | MARIETTA GA 30066 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FIELDS, TOM | |
| STREET ADDRESS | 5653 CASCADE CT | |
| CITY-ST-ZIP | COLUMBUS GA 31904 | |

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brod Cole | |
| STREET ADDRESS | 4238 BRIN RD. | |
| CITY-ST-ZIP | TUCKER, GA 30084 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mike Godprey | |
| STREET ADDRESS | 3454 Indian Lake Lane | |
| CITY-ST-ZIP | Relham, AL 35124 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Craig Miller | |
| STREET ADDRESS | 521 Derby Lane | |
| CITY-ST-ZIP | Montgomery, AL 36109 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/00)

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:

Jacquelyn Lynch, Jacquelyn Lynch, Manager *2/16/01* *850-234-3385*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #