

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90050 008 \*\*\*\*61.25

**DOCUMENT # 739439**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1762938**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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: **Deborah Lloyd**  
 Street Address (P.O. Box Number is Not Acceptable): **22400 Front Beach Rd.**  
 City: **Panama City Beach** FL Zip Code: **32413**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/10/02**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLE, BRAD</b>	
STREET ADDRESS	<b>4238 BRITT RD</b>	
CITY-ST-ZIP	<b>TUCKER GA 30084</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOTHER, ED</b>	
STREET ADDRESS	<b>5035 ABERDEEN WY</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35242</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GODPREY, MIKE</b>	
STREET ADDRESS	<b>3454 INDIAN LAKE LN</b>	
CITY-ST-ZIP	<b>PELHAM AL 35124</b>	
TITLE	<b>D VP</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, CRAIG</b>	
STREET ADDRESS	<b>521 DERBY LN</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36109</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YOUNG, JUDY</b>	
STREET ADDRESS	<b>2239 ADDISON RD</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30066</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FIELDS, TOM</b>	
STREET ADDRESS	<b>5653 CASCADE CT</b>	
CITY-ST-ZIP	<b>COLUMBUS GA 31904</b>	

TITLE	<b>AL Allen - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>11560 Hauge Rd</b>	
STREET ADDRESS	<b>Roswell, GA. 30076</b>	
CITY-ST-ZIP		
TITLE	<b>Jeff Rozhon - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>22013 Sunnyside lane</b>	
STREET ADDRESS	<b>Panama City Beach, FL 32413</b>	
CITY-ST-ZIP		
TITLE	<b>Ann Hagae - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>729 Gaymont Dr.</b>	
STREET ADDRESS	<b>Nashville, TN. 37217</b>	
CITY-ST-ZIP		
TITLE	<b>Linda Turner - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2190 Addison Rd.</b>	
STREET ADDRESS	<b>Marietta, GA. 30066</b>	
CITY-ST-ZIP		
TITLE	<b>Danny Hayes - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1003 Brookstone Ct.</b>	
STREET ADDRESS	<b>Dorhan, AL. 36303</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Linda Turner* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/31/02** DAYTIME PHONE # **7795-1007**

CR2E037 (9/01)