

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90004 008 ****61.25

DOCUMENT # 739439
 1. Entity 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**

24079493



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

07212004 Chg-NP CR2E037 (10/03)

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
YOUNG, JUDY
22400 FRONT BEACH RD. # 59
PANAMA CITY BEACH, FL 32413

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, BRAD	
STREET ADDRESS	4238 BRITT RD	
CITY-ST-ZIP	TUCKER, GA 30084	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, AL	
STREET ADDRESS	11560 HOUGE RD	
CITY-ST-ZIP	ROSWELL, GA 30076	
TITLE	S	<input type="checkbox"/> Delete
NAME	GODPREY, MIKE	
STREET ADDRESS	3454 INDIAN LAKE LN	
CITY-ST-ZIP	PELHAM, AL 35124	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MILLER, CRAIG	
STREET ADDRESS	521 DERBY LN	
CITY-ST-ZIP	MONTGOMERY, AL 36109	
TITLE	PBOD	<input type="checkbox"/> Delete
NAME	YOUNG, JUDY W	
STREET ADDRESS	2230 ADDISON RD.	
CITY-ST-ZIP	MARIETTA, GA 30066	
TITLE	MD	<input type="checkbox"/> Delete
NAME	TURNER, LINDA	
STREET ADDRESS	2190 ADDISON RD.	
CITY-ST-ZIP	MARIETTA, GA 30066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Judy W. Young* **8-6-04** 850-234-3385
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #