
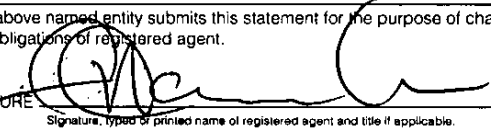
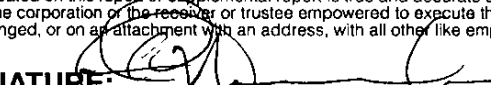


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90127 013 \*\*\*\*70.00

<b>DOCUMENT # 739439</b> 1. Entity Name <b>SUNNYSIDE BEACH AND TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SUNNYSIDE RESORT 22400 FRONTBEACH RD PANAMA CITY BEACH, FL 32413</b>			Mailing Address <b>22400 FRONTBEACH RD PANAMA CITY BEACH, FL 32413</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-1762938</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07122007    Chg-NP                      CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>HINMAN, PAUL 22400 FRONT BEACH RD. UNIT 18 PANAMA CITY BEACH, FL 32413</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>PRESIDENT</b> </div> <div style="width: 20%; text-align: right;"> <b>7/13/07</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <b>\$5.00</b> May Be                      Make check payable to                      of State			
10. OFFICERS AND DIRECTORS			11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOTHER, ED 5035 ABARDEN WAY BIRMINGHAM, AL 35242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP B7 RANDY UZZELL 2912 HAWTHORNE CIR. TUSCALOOSA, AL 35406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LEWIS, TOMMY 2390 COUNTRY CLUB RD EUFAULA, AL 36027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T B45 DWIGHT METTERNICH 4808 HEATHERWOOD DR TUSCALOOSA, AL 35405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BOD</del> GODFREY, MIKE LINDA 3454 INDIAN LAKE LN PELHAM, AL 35124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S B73 Lucius Morton PO Box 45-4725 Hwy 85 Ellerslie, GA 31807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSKO, MARSHAL 1094 AUSTIN AVE ATLANTA, GA 30307 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINMAN, PAUL 6726 STANDING BAY RD COLUMBUS, GA 31904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM KNOWLES, CHARLES 4725 GEORGIA HWY 85 ELLERSLIE, GA 31807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>7/13/07</b> <b>850 234 3385</b> <small>Date                      Daytime Phone #</small>			