

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90172 038 \*\*\*\*61.25

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04242006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 752847</b>					
1. Entity Name SUGAR BEACH TOWNHOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business 8443 GULF BLVD. #D-18 NAVARRE BEACH, FL 32566			Mailing Address 8443 GULF BLVD. #D-18 NAVARRE BEACH, FL 32566		
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 59-2130592				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WASYLIK, LOUIS A. 343 LULA BELLE LANE FT. WALTON BEACH, FL 32548			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, SYLVIA		NAME		
STREET ADDRESS	6509 RIVIERE DR.		STREET ADDRESS		
CITY-ST-ZIP	PELL CITY, AL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASYLIK, LOUIS		NAME		
STREET ADDRESS	343 LULA BELLE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CONNER, JOHN		NAME	Dick Robson	
STREET ADDRESS	8510 NAVARRE PKWY		STREET ADDRESS	3009 Coral Strip Pkwy	
CITY-ST-ZIP	NAVARRE, FL		CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME	WEIDLICH, H. EDWARD JR		NAME	Butch Plymale	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	516 SUNSET DR		STREET ADDRESS	8520 Gulf Blvd #24	
CITY-ST-ZIP	BAY SAINT LOUIS, MS 39520		CITY-ST-ZIP	Navarre Bch, FL 32566	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Louis A. Wasyluk</i>			Date: 4-24-06		Daytime Phone #: 850-939-2346
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>