

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90042 008 ****61.25

DOCUMENT # 752847

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**

40016319



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2130592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WASYLIK, LOUIS A.
343 LULA BELLE LANE
FT. WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SYLVIA 6509 RIVIERE DR. PELL CITY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASYLIK, LOUIS 343 LULA BELLE LANE FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBSON, DICK 3009 CORAL STRIP PKWY GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIDLICH, H. EDWARD JR 516 SUNSET DR BAY SAINT LOUIS, MS 39520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLYMALE, BUTCH 8520 GULF BLVD 24 NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/07 850-243-2240
Date Daytime Phone #