


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755427 (2)
 1. Corporation Name
SUNRISE BEACH CLUB ASSOCIATION, INC.



Principal Place of Business 1212 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118-3631	Mailing Address 1212 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118-3631
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3. Date Incorporated or Qualified 12/08/1980		
4. FEI Number 59-2142786	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

**GOODWIN, MORRIS
150 DUNDEE RD
SUITE A
DAYTONA BEACH SHORE FL 32118**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PINTO, ROBERT F JR.	
STREET ADDRESS	1111 BLUEBERRY DR.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, PAT M.	
STREET ADDRESS	1968 GREEN APPLE CT.	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GOODWIN, MORRIS	
STREET ADDRESS	150 DUNDEE RD., STE A	
CITY-ST-ZIP	DAYTONA BEACH SHORE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS, SHIRLEY	
STREET ADDRESS	5835 NORDE DR., WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, HENRY	
STREET ADDRESS	3720 N.W. 61 PLACE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LARSON, SALLY	
STREET ADDRESS	223 N.W. 91ST ST.	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Morris Goodwin, Sec. Jean* 1/23/98 904-788-4546

CR2E037 (10/97)