

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755917

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** SUNTIDE ISLAND BEACH CLUB OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

850 BEN FRANKLIN DRIVE  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

850 BEN FRANKLIN DRIVE  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 59-2213300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTENS, ROSALIE  
850 BEN FRANKLIN DR  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTENS, ROSALIE  
Address: 1647 1 COLFAX COURT  
City-St-Zip: BARTLETT, IL 60103

Title: VD ( ) Delete  
Name: BERG, PERRY A  
Address: 36570 CLEAR LAKE DR.  
City-St-Zip: WASECA, MN 56093

Title: SD ( ) Delete  
Name: LOUGHLIN, THOMAS  
Address: 1901 HIGH POINT DR  
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete  
Name: GRUPP, ROLF R  
Address: 2883 SPRING HEATHER PLACE  
City-St-Zip: OVIEDO, FL 34236

Title: ASD ( ) Delete  
Name: SULLIVAN, GERALD W  
Address: 3232 BROCKTON LANE  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSALIE MARTENS

VP

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date