2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004702

FILED Apr 26, 2006 Secretary of State

Entity Name: SUNBEAM DEVELOPMENT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal I	New Principal Place of Business:		
3840 CRO\ STE A	WN POINT RD		920 THIRD STR STE B	REET		
	VILLE, FL 32257	US	NEPTUNE BEA	CH, FL 32266 US		
Current Ma	ailing Address:		New Mailing Ad	ddress:		
	WN POINT RD		920 THIRD STR	REET		
STE A JACKSON ⁾	VILLE, FL 32257	US	STE B NEPTUNE BEA	CH, FL 32266 US		
FEI Number:	03-0395725	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired	()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:		
COLLINS, JOSEPH D 3840 CROWN POINT RD STE A JACKSONVILLE, FL 32257 US			920 THIRD STR STE B	WALLACE, DENISE L 920 THIRD STREET STE B NEPTUNE BEACH, FL 32266 US		
	named entity sub of Florida.	omits this statement for the p	urpose of changing its reg	gistered office or registered agent, or	r both,	
SIGNATUR	RE: DENISE WA	ALLACE		04/26/2006		
	Electronic	Signature of Registered Age	nt	Date		
OFFICERS	AND DIRECTO	PRS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRE	CTORS:	
Title: Name: Address: City-St-Zip:	DP () De KNOWLES, MARK 3840 CROWN POI JACKSONVILLE, F	. A INT RD STE A	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () De HOLLAND, BEVER 3840 CROWN PO JACKSONVILLE, F	RLY J INT RD STE A	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DST () DE COLLINS, J D 3840 CROWN PO JACKSONVILLE, F	INT RD STE A	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () De HART, CURTIS L 3840 CROWN PO JACKSONVILLE, F	INT RD, STE A	Title: Name: Address: City-St-Zip:	()Change ()Addition		
City-St-Zip:	JACKSONVILLE, F	FL 32257 US	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: MARK KNOWLES P 04/26/2006