

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10645

FILED
Feb 17, 2009
Secretary of State

Entity Name: SUNGLOW RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3647 S. ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32127 US

New Principal Place of Business:

3647 S. ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118 US

Current Mailing Address:

444 SEABREEZE BLVD,
645
DAYTONA BEACH, FL 32118 US

New Mailing Address:

2430 S ATLANTIC AVE,
C
DAYTONA BEACH SHORES, FL 32118 US

FEI Number: 59-2563489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORBITZER, MARGARET L
C/O MORBITZER COMMUNITIES, INC.
444 SEABREEZE BLVD, #645
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

MORBITZER, MARGARET L
C/O MORBITZER COMMUNITIES, INC.
2430 S ATLANTIC AVE #C
DAYTONA BEACH SHORES, FL 32118 US

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:

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASTRE, JOHN
Address: 9550 FREMONT AVE N-2
City-St-Zip: MONTCLAIR, CA 91763

Title: V () Delete
Name: SINCLAIR, PATRICIA
Address: 12634 QUARTERHOUSE TR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BELLAMY, EDNA
Address: 16101 BALLANY WAY
City-St-Zip: MONTVERDE, FL 34756

Title: SD () Delete
Name: GREEN, JANET
Address: 400 STONG WATER LANE
City-St-Zip: OSWEGO, IL 60543

Title: D () Delete
Name: GARRISON, CHARLES
Address: 1310 SLOMBA DRIVE
City-St-Zip: LAKE ORION, MI 48360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BELLAMY, EDNA
Address: 16101 BALLANY WAY
City-St-Zip: MONTVERDE, FL 34756

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 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: JOHN PASTRE

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date