2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36044

FILED Apr 15, 2009 Secretary of State

Entity Name: SUNNY BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2730 OCEAN SHORE BLVD. ATTN: MANAGER ORMOND BEACH, FL 32176 US **New Mailing Address: Current Mailing Address:** P. O. BOX 2749 182 S. YONGE ST. DAYTONA BEACH, FL 32115 US ORMOND BEACH, FL 32174 US FEI Number: 59-3007473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKER, PATTI A CATES, FRANK J 313 SOUTH ATLANTIC AVE 182 S. YONGE ST. DAYTONA BEACH, FL 32118 ORMOND BEACH, FL 32174 US 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: FRANK J CATES 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition DAVLANTES, ALEX Name: Name: 1453 MORNINGLOW DRIVE Address: Address: City-St-Zip: GRAND BLANC, MI 48439 City-St-Zip: Title: () Delete Title: (X) Change () Addition DORAN, PHILLIP MR. Name: DUPREE, DENISE Name: Address: 2730 OCEAN SHORE BLVD. #306 Address: 2730 OCEAN SHORE BLVD. #505 City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176 Title: () Delete Title: () Change () Addition MILLER, MAURITA Name: Name: Address: P. O. BOX 43 Address: City-St-Zip: ROCKY HILL, FL 42163 City-St-Zip: Title: PD () Delete Title: () Change () Addition MASTROTOTARO, GAIL Name: Name: 2730 OCEANSHORE BLVD #101 Address: Address: ORMOND BEACH, FL 32176 City-St-Zip: City-St-Zip: Title: () Delete Title: TD (X) Change () Addition ROCK, KARL Name: Name: ROCK, KARL 2730 OCEAN SHORE BLVD #304 2730 OCEAN SHORE BLVD #304 Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: ORMOND BEACH, FL 32176

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: GAIL MASTROTOTARO PD 04/15/2009