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Feb 04 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 # **N45603** (0)

1. Corporation Name

SUGAR BEACH SERTOMA, INC.



Principal Place of Business P.O. BOX 4384 FORT WALTON BEACH FL 32549	Mailing Address P.O. BOX 4384 FORT WALTON BEACH FL 32549
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3. Date Incorporated or Qualified

10/14/1991

4. FEI Number

59-2956758

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGEN, JEAN V
2809 BEN HOGAN COURT
SHALIMAR FL 32579**

*Correct last name is
VAN BERGEN*

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

Sean Van Bergen
Signature, typed or printed name of registered agent and title if applicable

Sean Van Bergen
(NOTE: Registered Agent signature required when reappointing)

01-14-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOEWE, PAT	
STREET ADDRESS	907 LIDO CIR E	
CITY-ST-ZIP	NICEVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MACDONALD, DIXIE	
STREET ADDRESS	507-C CHINA'S COVE	
CITY-ST-ZIP	FT WALTON BEACH FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	TYNER, SUZANNE	
STREET ADDRESS	116 DEVILLE DR	
CITY-ST-ZIP	MARY ESTHER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VESEY, CAROL	
STREET ADDRESS	230 THOMAS CT NW	
CITY-ST-ZIP	FT WALTON BCH FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RANKIN, TERRI	
STREET ADDRESS	1901 ESTIVAL ST	
CITY-ST-ZIP	FT WALTON BEACH FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BERGEN, JEAN V	
STREET ADDRESS	2809 BEN HOGAN CT	
CITY-ST-ZIP	SHALIMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROGER HUSON	
1.3 STREET ADDRESS	33 Maple Ave.	
1.4 CITY-ST-ZIP	SHALIMAR, FL 32579	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KATIE HOLLER	
2.3 STREET ADDRESS	326 SHARON DRIVE	
2.4 CITY-ST-ZIP	NICEVILLE, FL 32578	

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	<i>Correct last name</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VAN BERGEN	
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:

Sean Van Bergen
Signature, typed or printed name of registered agent and title if applicable

01-14-98 850-651-7669
DATE

CR2E037 (10/97)