

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90087 010 ****61.25

DOCUMENT # N48941

1. Entity Name
SUNRISE BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**7 TOWN CENTER LOOP
C16
SANTA ROSA BCH., FL 32459 US**

Mailing Address

**P.O. BOX 1247
SANTA ROSA BCH., FL 32459 US**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3180072

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STENBERG, CYNTHIA T
7 TOWN CENTER LOOP
C16
SANTA ROSA BEACH, FL 32459**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR. DT
NAME	DOYLE, FRANK
STREET ADDRESS	112 PALM SWIFT DR
CITY-ST-ZIP	SLIDELL, LA 70461
TITLE	DVP DP
NAME	KNIGHT, CONNIE
STREET ADDRESS	3217 FIDDLERS HAMMOCK LANE
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	DT
NAME	CHEN, BILLYE
STREET ADDRESS	2614 TALIESIN
CITY-ST-ZIP	KALAMAZOO, MI 49006
TITLE	DS
NAME	COLLINS, LORRIE
STREET ADDRESS	P.O. BOX 1708
CITY-ST-ZIP	MURPHREESBORO, TN 37130
TITLE	D
NAME	EDWARDS, JOHN
STREET ADDRESS	6918 SURREY LANE
CITY-ST-ZIP	GERMANTOWN, TN 38138
TITLE	DVP
NAME	MCCRARY, STELLA
STREET ADDRESS	106 JEFF ST
CITY-ST-ZIP	HOT SPRINGS NATIONAL PARK, AR 71901

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2006

Date

850-267-8458

Daytime Phone #