2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N95000000653

Entity Name: SUNRISE BEACH TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1697 D HWY A1A
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

7925 N WICKHAM RD
B
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3369404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REED, DELORES
7925 N WICKHAM RD
B
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DMGR ( ) Delete
Name: REED, DOLORES
Address: 7925 HWY A1A STE B
City-St-Zip: MELBOURNE, FL 32940

Title: T ( ) Delete
Name: CLARK, DIEHN
Address: 1697 C HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete
Name: COUGHTRY, TIMOTHY
Address: 4382 WESTERN TURNPIKE
City-St-Zip: ALTAMONT, NY 12009

Title: T ( ) Delete
Name: AXEL, MARION
Address: 3300 NE 192 ST UNIT 107
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete
Name: COLLETT, MARY
Address: 1697 D HWY A1A
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DMGR (X) Change ( ) Addition
Name: REED, DOLORES
Address: 7925 N. WICKHAM RD. STE B
City-St-Zip: MELBOURNE, FL 32940

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

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

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: DOLORES J. REED MS 05/06/2009
Electronic Signature of Signing Officer or Director — Date