

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -6 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710430 (0)

1. Corporation Name
FOUR SEA SUNS CONDOMINIUM, INC.

Principal Place of Business Mailing Address
**ASSN PROPERTY MGMT
400 S DIXIE HWY. #10
LAKE WORTH FL 33460
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1966** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-1174388** 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
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ASSOCIATED PROPERTY MGMT
400 S DIXIE HWY
STE 10
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAMBERS, LUTHER
STREET ADDRESS	309 S CIRCLE CR
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD
NAME	O'RORDEEN, TOM
STREET ADDRESS	309 SOUTH CIRCLE DR, #401
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	TD
NAME	MINNEMA, ANN
STREET ADDRESS	312 NE 17TH AVE, #103
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD
NAME	HAMM, LEONARD
STREET ADDRESS	309 S CIRCLE DR, #102
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	PD
NAME	VANDERJAGT, JACK
STREET ADDRESS	301 S CIRCLE DR, #202
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	D
NAME	BOOKER, BILL
STREET ADDRESS	315 S CIRCLE, DR #204
CITY-ST-ZIP	BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	UD Pat McMillian
2.3 STREET ADDRESS	308 NE 17th Avenue, #2
2.4 CITY-ST-ZIP	Boynton Beach, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD John Zoino
3.3 STREET ADDRESS	303 NE 17th Ave, #203
3.4 CITY-ST-ZIP	Boynton Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD John C. Smith
4.3 STREET ADDRESS	1715 NE 3rd Court, #1
4.4 CITY-ST-ZIP	Boynton Beach, FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: John E. Zoino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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