


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Aug 27 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710430**  
 1. Corporation Name  
**FOUR SEA SUNS CONDOMINIUM, INC.**

Principal Place of Business	Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 <b>1800 NE 3rd Ct.</b>	26 <b>2994 Jog Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>Suite B</b>
City & State	City & State
23 <b>Boynton Beach, FL</b>	28 <b>Greenacres, FL</b>
Zip	Zip
24 <b>33435</b>	29 <b>33467</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number	Applied For
<b>59-1174388</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Ann Minnema**  
**312 NE 17th Avenue**  
**Boynton Beach, FL 33435**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *Ann E. Minnema* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>Minnema, Ann</b>	
STREET ADDRESS	<b>312 NE 17th Avenue</b>	
CITY-ST-ZIP	<b>Boynton Beach FL 33435</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>Zoino, John</b>	
STREET ADDRESS	<b>303 NE 17th Avenue #203</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33435</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>Canavan, John</b>	
STREET ADDRESS	<b>1715 NE 3rd Ct. #1</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33435</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>Entwistle, Vera</b>	
STREET ADDRESS	<b>312 NE 17th Avenue #201</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>Lenger, Dewey</b>	
STREET ADDRESS	<b>1723 NE 3rd Ct. #2</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>Chambers, Luther</b>	
STREET ADDRESS	<b>309 S. Circle Dr. #103</b>	
CITY-ST-ZIP	<b>Boynton Beach, FL 33435</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<b>600002280206</b>		
6.3 STREET ADDRESS	<b>-08/28/97--01108--012</b>		
6.4 CITY-ST-ZIP	<b>***61.25</b>		

14. I do 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: *Ann E. Minnema* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

Four Sea Suns

FEI# 59-1174388

Additional Directors.

D

Van der Jagt, Jack  
301 S. Circle Drive #202  
Boynton Beach, FL 33435