FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 FEB 17 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726244 (7)

1. Corporation Name
SUNSET GROVE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2055 SUNSET PT RD CLEARWATER FL 34625 US	1601 EAST BAY DRIVE SUITE 4 LARGO FL 34641

3. Date Incorporated or Qualified: 04/26/1973
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1684971 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26 C/O RESOURCE PROPERTY MANAGMENT 1601 Cleveland AV. S.W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Largo, FLORIDA
Zip / Country 24 / 25	Zip / Country 29 FL 34640 / 30 PINELLAS

9. Name and Address of Current Registered Agent

RESOURCE PROPERTY MANAGEMENT
1601 EAST BAY DRIVE
SUITE 4
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name: Richard B. Hauser
82 Street Address (P.O. Box Number is Not Acceptable): 103 Cleveland AV. S. W.
83
84 City: Largo FL 85 Zip Code: 34640

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: Richard B. Hauser — 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	FINNEY, JANET	1.2 NAME	Linda M. Cogan
STREET ADDRESS	2095 SUNSET POINT RD #1703	1.3 STREET ADDRESS	1881 N. Hercules AV #1304
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE	PD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	NOREN, DENNIS	2.2 NAME	M.F. LAMONT
STREET ADDRESS	2095 SUNSET PNT RD #1602	2.3 STREET ADDRESS	1881 N. Hercules AV. #604
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE	VD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	HARSHA, LEE	3.2 NAME	Kathy Garrett
STREET ADDRESS	2095 SUNSET PT RD #2104	3.3 STREET ADDRESS	1881 N. Hercules AV #1001
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE	VD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	FROST, DON	4.2 NAME	CHARLES D. LEVI
STREET ADDRESS	1881 NO HERCULES AVE #701	4.3 STREET ADDRESS	2055 SUNSET PT RD #3704
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE		5.1 TITLE	D ☒ Change ☐ Addition
NAME		5.2 NAME	DENNIS NOREN
STREET ADDRESS		5.3 STREET ADDRESS	2095 SUNSET PT. RD #1602
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE		6.1 TITLE	ASST TR. D ☒ Change ☐ Addition
NAME		6.2 NAME	THEO PANAPOLIS
STREET ADDRESS		6.3 STREET ADDRESS	2055 SUNSET PT RD #4001
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CLEARWATER, FL 34625

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)(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: Linda M. Cogan — 1/25/95 — (813) 581-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
LINDA M COGAN, PRESIDENT

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