

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAR 23 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727891 (4)

1. Corporation Name

SUNFISH BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SUNFISH BAY SITE OFFICE 1111 BAYSHORE BLVD. CLEARWATER FL 34619	SUNFISH BAY SITE OFFICE 1111 BAYSHORE BLVD. CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1973	3a. Date of Last Report 02/17/1994
4. FEI Number 59-1538076	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1700 McMullen Booth Suite C3
22 City & State	27 City & State Clearwater, FL
24 Zip	25 Country
29 34619	30 USA

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

9. Name and Address of Current Registered Agent

**GREENACRE PROPERTIES, INC
4131 GUNN HIGHWAY
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name	Leighton, Lennard A.		
82 Street Address (P.O. Box Number is Not Acceptable)	1700 McMullen Booth Road		
83	Suite C3		
84 City	Clearwater	85 FL	86 Zip Code 34619

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: *Lennard A. Leighton* **Lennard A. Leighton** 4/24/95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AMIRALTY, JIM
STREET ADDRESS	111 BAYSHORE BLVD., A-12
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	TD
NAME	WUTSCHEL, MARY
STREET ADDRESS	1111 BAYSHORE BLVD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	BROWN, CHARLES
STREET ADDRESS	1111 BAYSHORE BLVD #F-8
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	DVP
NAME	SISKIND, PHILIP
STREET ADDRESS	1111 BAYSHORE BLVD E-1
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	D
NAME	COLEMAN, JIM
STREET ADDRESS	1111 BAYSHORE BLVD #E-12
CITY - ST - ZIP	CLEARWATER, FL 00000
TITLE	DVP
NAME	SCHLERETH, YOGI
STREET ADDRESS	1111 BAYSHORE BLVD., E-5
CITY - ST - ZIP	CLEARWATER, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Amirault* **JIM AMIRALTY** 3-6-95 726 7484
(NOTE: Signature and typed or printed name of signing officer or director) Date System Fee \$