

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 727891 (4)

1. Corporation Name

SUNFISH BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: LEIGHTON, LENNARD. A. 1700 MCMULLEN BOOTH RD., STE C-3 CLEARWATER FL 34619 US
Mailing Address: 1700 MCMULLEN BOOTH SUITE C-3 CLEARWATER FL 34619 US

3. Date Incorporated or Qualified: 10/30/1973
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, and Zip/Country.

4. FEI Number: 59-1538076
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GREENACRE PROPERTIES, INC 4191 GUNN HIGHWAY TAMPA FL 33624

10. Name and Address of New Registered Agent: Lennard A. Leighton, C/O Seaboard Arbors Management Services, Inc, 1700 McMullen Booth Road, Suite C-3, Clearwater, FL 34619

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: [Signature] DATE: 3/12/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	AMIRAULT, JIM	
STREET ADDRESS	111 BAYSHORE BLVD., A-12	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WUTSCHEL, MARY	
STREET ADDRESS	1111 BAYSHORE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, CHARLES	
STREET ADDRESS	1111 BAYSHORE BLVD #F-8	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SISKIND, PHILIP	
STREET ADDRESS	1111 BAYSHORE BLVD E-1	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, JIM	
STREET ADDRESS	1111 BAYSHORE BLVD #E-12	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
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

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Flagg, David C.	
1.3 STREET ADDRESS	1111 Bayshore Blvd., #C-10	
1.4 CITY-ST-ZIP	Clearwater, Fl. 34619	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McCann, Nancy	
2.3 STREET ADDRESS	1111 Bayshore Blvd., #C-12	
2.4 CITY-ST-ZIP	Clearwater, Fl. 34619	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bassuener, Richard	
3.3 STREET ADDRESS	1111 Bayshore Blvd., #B-15	
3.4 CITY-ST-ZIP	Clearwater, Fl. 34619	
4.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scharra, June	
4.3 STREET ADDRESS	1111 Bayshore Blvd., #D-6	
4.4 CITY-ST-ZIP	Clearwater, Fl. 34619	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vincent, Kieth	
5.3 STREET ADDRESS	1111 Bayshore Blvd., #F-15	
5.4 CITY-ST-ZIP	Clearwater, Fl. 34619	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cochran, Bruce	
6.3 STREET ADDRESS	1111 Bayshore Blvd., #A-1	
6.4 CITY-ST-ZIP	Clearwater, Fl. 34619	

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 199.07(3)(c), 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 in an attachment with an address.

SIGNATURE: [Signature] DATE: 3/4/96 DAYTIME PHONE: #

CR2E037 (12/95)