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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34619-2129 US
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3. Date Incorporated or Qualified 10/30/1973	3a. Date of Last Report 03/20/1996
4. FEI Number 59-1538076	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**LEIGHTON, LEONARD
C/O SEABOARD ARBORS MGMT SERVICES INC
1700 MC MULLEN BOOTH RD STE C3
CLEARWATER FL 34619**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FLAGG, DAVID C	
STREET ADDRESS	1111 BAYSHORE BLVD C10	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCCANN, NANCY	
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 type="checkbox"/> DELETE
NAME	SCHARRA, JUNE	
STREET ADDRESS	1111 BAYSHORE BLVD E-1	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VINCENT, KEITH	
STREET ADDRESS	1111 BAYSHORE BLVD #E-12	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COCHRAN, BRUCE	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Taylor, Bennett	
1.3 STREET ADDRESS	1111 Bayshore Blvd., F3	
1.4 CITY-ST-ZIP	Clearwater, Fl.	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bruyere, Dominique	
2.3 STREET ADDRESS	1111 Bayshore Blvd, B1	
2.4 CITY-ST-ZIP	Clearwater, Fl.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Willard, William	
3.3 STREET ADDRESS	1111 Bayshore Blvd., E15	
3.4 CITY-ST-ZIP	Clearwater, Fl.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, Arnold	
4.3 STREET ADDRESS	1111 Bayshore Blvd., C8	
4.4 CITY-ST-ZIP	Clearwater, Fl.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ceru, Jerrie	
5.3 STREET ADDRESS	1111 Bayshore Blvd.	
5.4 CITY-ST-ZIP	Clearwater, Fl.	
6.1 TITLE	SD	<input checked="" 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 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: *[Signature]* 4/17/97 813/126-8032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0067184

CR2E037 (9/96)