

FILE NOW: FILING FEE IS \$61.25

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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 10/30/1973	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLAGG, DAVID C		1.2 NAME	
STREET ADDRESS 1111 BAYSHORE BLVD C10		1.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL 00000		1.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRUYERE, DOMINIQUE		2.2 NAME Weller, Diane	
STREET ADDRESS 1111 BAYSHORE BLVD., B1		2.3 STREET ADDRESS 1111 Bayshore Blvd., A-1	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP Clearwater, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, CHARLES		3.2 NAME Willard, Bill	
STREET ADDRESS 1111 BAYSHORE BLVD #F-8		3.3 STREET ADDRESS 1111 Bayshore Blvd., E-15	
CITY-ST-ZIP CLEARWATER, FL 00000		3.4 CITY-ST-ZIP Clearwater, FL	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHARRA, JUNE		4.2 NAME Morris, Ruth Ann	
STREET ADDRESS 1111 BAYSHORE BLVD E-1		4.3 STREET ADDRESS 1111 Bayshore Blvd., F-1	
CITY-ST-ZIP CLEARWATER, FL 00000		4.4 CITY-ST-ZIP Clearwater, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CERU, JERRIE		5.2 NAME Wutschel, Mary	
STREET ADDRESS 1111 BAYSHORE BLVD.		5.3 STREET ADDRESS 1111 Bayshore Blvd., D-8	
CITY-ST-ZIP CLEARWATER, FL 00000		5.4 CITY-ST-ZIP Clearwater, FL	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COCHRAN, BRUCE		6.2 NAME	
STREET ADDRESS 1111 BAYSHORE BLVD., E-5		6.3 STREET ADDRESS 1111 Bayshore Blvd., A-1	
CITY-ST-ZIP CLEARWATER, FL 00000		6.4 CITY-ST-ZIP	

14. I 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: _____

CR2E037 (10/97)

Title
Name
Street Address
City-St-Zip

D
Bassuener, Dick
111 Bayshore Blvd., B-15
Clearwater, FL

Addition