


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90078 007 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727891**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/30/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1538076
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	TD	<input type="checkbox"/> DELETE
NAME	PD	
STREET ADDRESS	WELLER, DIANE	
CITY-ST-ZIP	1111 BAYSHORE BLVD. A-	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRUYERE, DOMINIQUE	
STREET ADDRESS	1111 BAYSHORE BLVD., B1	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CHARLES	
STREET ADDRESS	1111 BAYSHORE BLVD #F-8	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, RUTH ANN	
STREET ADDRESS	1111 BAYSHORE BLVD., F-1	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WITSCJE., ARU	
STREET ADDRESS	1111 BAUSJPRE B;VD/. D-8	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COCHRAN, BRUCE	
STREET ADDRESS	1111 BAYSHORE BLVD., A-1	
CITY-ST-ZIP	CLEARWATER, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WELLER, DIANE	
1.3 STREET ADDRESS	1111 BAYSHORE BLVD, A1	
1.4 CITY-ST-ZIP	CLEARWATER, FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLARD, BILL	
2.3 STREET ADDRESS	1111 BAYSHORE BLVD, E15	
2.4 CITY-ST-ZIP	CLEARWATER, FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FLAGG, DAVID	
3.3 STREET ADDRESS	1111 BAYSHORE BLVD, C10	
3.4 CITY-ST-ZIP	CLEARWATER, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BASSUENER, RICHARD	
5.3 STREET ADDRESS	1111 BAYSHORE BLVD, D15	
5.4 CITY-ST-ZIP	CLEARWATER, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WUTSCHEL, MARY	
6.3 STREET ADDRESS	1111 BAYSHORE BLVD, D8	
6.4 CITY-ST-ZIP	CLEARWATER, FL	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-23-99 (727) 726-6261

0054523  
 J - CR2E037 (11/98)