


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90154 023 ****61.25

DOCUMENT # 727891			
1. Entity Name SUNFISH BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND ST, STE 225 CLEARWATER, FL 33765 US		Mailing Address C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND ST, STE 225 CLEARWATER, FL 33765 US	
2. Principal Place of Business - No P.O. Box # 147 N. Belcher Rd Suite, Apt. #, etc. 2		3. Mailing Address 147 N. Belcher Rd Suite, Apt. #, etc. 2	
City & State Largo, FL		City & State Largo, FL	
Zip 33771		Zip 33771	
Country USA		Country USA	
6. Name and Address of Current Registered Agent LEIGHTON, LEONARD C/O SEABOARD ARBORS MGMT SVC, INC 2189 CLEVELAND ST, STE 225 CLEARWATER, FL 33766		7. Name and Address of New Registered Agent Name <u>Brian Buxton</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O BUXTON PROPERTIES, INC</u> <u>147 N. BELCHER ROAD, STE 2</u> City <u>LARGO</u> FL Zip Code <u>33771</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Brian Buxton</u> (Signature, typed or printed name of registered agent and title if applicable.) DATE <u>4/12/07</u> (NOTE: Registered Agent signature required when reinstating.)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVELY, SUSAN 1111 BAYSHORE BLVD, F10 CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete PEABODY, RON 1111 BAYSHORE BLVD, B9 CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KUEHNE, RICHARD 1111 BAYSHORE BLVD, C1 CLEARWATER, FL, 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete FREY, PAUL 1111 BAYSHORE BLVD., E-6 CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARTER, ALICE 1111 BAYSHORE BLVD, C4 CLEARWATER, FL. 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete MARSTON, NICK 1111 BAYSHORE BLVD E-7 CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete BASSUEMER, RICHARD 1111 BAYSHORE BLVD., D15 CLEARWATER, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COCHRAN, BRUCE 1111 BAYSHORE BLVD, A1 CLEARWATER, FL. 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCHARRA, JUNE WEBB, BEN 1111 BAYSHORE BLVD, 00-84 CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WEBB, BEN 1111 BAYSHORE BLVD, B11 CLEARWATER, FL. 33759
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Brian P. Buxton</u> DATE <u>4/12/07</u> 727/538-0034 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #			

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