

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 28 AM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731160 (8)
1. Corporation Name
SUNTIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
662 NE OCEAN BOULEVARD
STUART FL 34996-1534
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1974 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1720637 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
TIMOTHY D. KAZMIER
662 NE OCEAN BOULEVARD
STUART FLORIDA 34996

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Timothy D. Kazmier* DATE 2/16/95
(Signature, Title, and Print Name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD BARCLAY, JIM
NAME	662 NE OCEAN BOULEVARD
STREET ADDRESS	STUART, FL 00000
CITY - ST - ZIP	
TITLE	VPD LOHMEIER, CHARLES
NAME	662 NE OCEAN BLVD
STREET ADDRESS	STUART, FL 00000
CITY - ST - ZIP	
TITLE	TD TOMPKINS, MURRAY
NAME	662 NE OCEAN BLVD
STREET ADDRESS	STUART FL
CITY - ST - ZIP	
TITLE	SD MCCULLOUGH, KAY
NAME	662 NE OCEAN BOULEVARD
STREET ADDRESS	STUART FL
CITY - ST - ZIP	
TITLE	VPD COSENTINO, JIM
NAME	662 NE OCEAN BLVD
STREET ADDRESS	STUART FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jim Barclay* DATE 1/25/95
(Signature and typed or printed name of signing officer or director) 407 394 3600
(Typed Name #)