

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **10/22/1974** 3a. Date of Last Report **02/28/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-1720637</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

**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 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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BARGLAY, JIM</del>	1.2 NAME	William Gottholm
STREET ADDRESS	<del>662 NE OCEAN BOULEVARD</del>	1.3 STREET ADDRESS	1357 N.E. Ocean Blvd. # 318
CITY-ST-ZIP	<del>STUART, FL 00000</del>	1.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LOHMEIER, CHARLES</del>	2.2 NAME	Robert Ewold
STREET ADDRESS	<del>662 NE OCEAN BLVD</del>	2.3 STREET ADDRESS	1357 N.E. Ocean Blvd, # 219
CITY-ST-ZIP	<del>STUART, FL 00000</del>	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>TOMPkins, MURRAY</del>	3.2 NAME	James Webner
STREET ADDRESS	<del>662 NE OCEAN BLVD</del>	3.3 STREET ADDRESS	1357 N.E. Ocean Blvd, # 212
CITY-ST-ZIP	<del>STUART FL</del>	3.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MCCULLOUGH, KAY</del>	4.2 NAME	James Hudson
STREET ADDRESS	<del>662 NE OCEAN BOULEVARD</del>	4.3 STREET ADDRESS	1357 N.E. Ocean Blvd, 209
CITY-ST-ZIP	<del>STUART FL</del>	4.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COSENTINO, JIM</del>	5.2 NAME	James Gleason
STREET ADDRESS	<del>662 NE OCEAN BLVD</del>	5.3 STREET ADDRESS	1357 N.E. Ocean Blvd, 211
CITY-ST-ZIP	<del>STUART FL</del>	5.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *William Gottholm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-96**  
Date

**334-8100**  
Daytime Phone #

CR2E037 (12/95)