


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90022 015 \*\*\*\*61.25

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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 # 731160**

1. Corporation Name  
**SUNTIDE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 662 NE OCEAN BOULEVARD STUART FL 34996-1534 US	Mailing Address 662 NE OCEAN BOULEVARD STUART FL 34996-1534 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/22/1974
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1720637
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	30 Country
25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent TIMOTHY D. KAZMIER 662 NE OCEAN BOULEVARD STUART FLORIDA 34996		81 Name	10. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTHOLM, WILLIAM	1.2 NAME	
STREET ADDRESS	1357 NE OCEAN BLVD #318	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, WILLIAM	2.2 NAME	
STREET ADDRESS	1357 NE OCEAN BLVD #117	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, DAVID	3.2 NAME	
STREET ADDRESS	1357 N.E. OCEAN BLVD., #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, JAMES	4.2 NAME	
STREET ADDRESS	1357 NE OCEAN BLVD #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, JAMES	5.2 NAME	
STREET ADDRESS	1357 NE OCEAN BLVD #211	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input 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 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: William Gottholm **REQUIRED** 3/17/99 (561) 325-4621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)