

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90069 021 ****61.25

DOCUMENT # 731160
 1. Entity Name
 SUNTIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1357 NE OCEAN BLVD.
 STUART, FL 34996-1534 US

Mailing Address
 PRIME MGMT JUPITER
 2074 W INDIANTON RD #200
 JUPITER, FL 33458 US

DATE 3-18-08
40062064



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1720637

5. Certificate of Status Desired... \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORNETT, JANE L ESQ
 401 E OSCEOLA ST
 STUART, FL 34994

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	S DONAVAN, TED	<input type="checkbox"/> Delete
STREET ADDRESS	1357 NE OCEAN BLVD # 401	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	P WALL, DIANA	<input type="checkbox"/> Delete
STREET ADDRESS	1357 NE OCEAN BLVD 109	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	T BONNERT, OLIVER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1357 NE OCEAN BLVD 209	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	VP LEWIS, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	1357 NE OCEAN BLVD #404	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME	D GOTTHOLM, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1357 NE OCEAN BLVD #318	
CITY-ST-ZIP	STUART, FL 34996	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T JOAN PREHM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	#200	
CITY-ST-ZIP		
TITLE NAME	D BRUE BORDINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	#302	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Joan Prehm, Treasurer X 3-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #