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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 738502 (4)

1. Corporation Name

SUNBOW BAY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10067
BRADENTON FL 34282
US

P.O. BOX 10067
BRADENTON FL 34282-0067
US



3. Date Incorporated or Qualified
03/29/1977

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1762555

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON FL 34282

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	SD	<input type="checkbox"/> DELETE
NAME	STORM, CAROL	
STREET ADDRESS	3801 E BAY DR #104	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, STEPHEN	
STREET ADDRESS	3705 E. BAY DR.	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AMARO, ISMAEL	
STREET ADDRESS	3701 E BAY DR #103	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMOND, VIOLA	
STREET ADDRESS	3705 E BAY DRIVE UNIT 108	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAPO, VINCENT	
STREET ADDRESS	3705 E BAY DRIVE	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODARD, ROY	
STREET ADDRESS	3805 E BAY DRIVE	
CITY-ST-ZIP	HOLMES BEACH FL	

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 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.

SIGNATURE: *Carol Storm* CAROL STORM

1-17-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0064258

CR2E037 (9/96)