

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # 750983 (9)
 1. Corporation Name
 SUN COUNTRY VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 3723 + 3775 59TH ST NO ST PETERSBURG FL 33710
 3723 + 3775 59TH ST NO ST PETERSBURG FL 33710

3. Date Incorporated or Qualified 02/11/1980
 3a. Date of Last Report 03/17/1995
 4. FEI Number 59-2071066 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

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

9. Name and Address of Current Registered Agent
 BESSINGER, IDA L.
 3723 59TH ST. N.
 APT 3B
 ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent
 81 Name LIPTAK, Dolores
 82 Street Address (P.O. Box Number is Not Acceptable) 3723 59th St No
 83 APT 3B
 84 City St Petersburg FL 85 Zip Code 33710

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 Dolores LIPTAK Malena Liptak June 13, 1996
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	DI BENEDETTO, RITA	<input type="checkbox"/> DELETE
NAME	3723 59TH ST NO #2B	
STREET ADDRESS	ST PETERSBURG, FL 00000	
CITY-ST-ZIP		
TITLE TD	BESSINGER, IDA L.	<input checked="" type="checkbox"/> DELETE
NAME	3723 59TH ST NO #3B	
STREET ADDRESS	ST PETERSBURG, FL 00000	
CITY-ST-ZIP		
TITLE SD	BERGERON, PHYLLIS	<input type="checkbox"/> DELETE
NAME	3775 59TH ST. NO 4A	
STREET ADDRESS	ST PETER FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 TD	Liptak, Dolores	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3723 59th St No #3B	
2.3 STREET ADDRESS	St Petersburg FL 33710	
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 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: Dolores LIPTAK Malena Liptak 6/13/96 813 347 5211
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)