

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



SEP 12 2000 12:59

DOCUMENT # 750983

1. Corporation Name
SUN COUNTRY VILLAS CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
 3723 + 3775 59TH ST NO
 ST PETERSBURG FL 33710



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/11/1980
City & State	City & State	4. FEI Number
Zip	Country	59-2071066
25	29	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

BERGERON, LAWRENCE J
 3775 59TH ST NO #5
 APT. 3B
 ST PETERSBURG FL 33710

81 Name **Phyllis A. Bergeron**
 82 Street Address (P.O. Box Number is Not Acceptable)
3775 59th St. N. #5
 83
 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 Phyllis A. Bergeron **Treasurer** DATE **1/7/99**
(NOTE: Registered Agent signature required when replacing)

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	PRITCHARD, ELIZABETH	1.2 NAME	same
STREET ADDRESS	3723 59TH ST N #4B	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33710	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, LAWRENCE J	2.2 NAME	Phyllis A. Bergeron (TD)
STREET ADDRESS	3775 59TH ST NO #5	2.3 STREET ADDRESS	3775 59th St. N. #5
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33710	2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAKSEN, JUDY	3.2 NAME	RUTH ROBBINS (SD)
STREET ADDRESS	3823 59TH ST NO #6	3.3 STREET ADDRESS	3723 59th St N. #5
CITY-ST-ZIP	ST PETER FL 33710	3.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: Phyllis A. Bergeron **Treasurer** DATE **1/7/99** (727) 343-9008
(NOTE: Registered Agent signature required when replacing)

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