


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 012 ****70.00

DOCUMENT # 750983

1. Entity 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



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03212005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2071066	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCGINNIS, KATHY 3775 59TH ST. N., #2-2 SAINT PETERSBURG, FL 33710		Name <u>Thomas McNichol</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>3723 59th St N #5</u>	
		City <u>St. Petersburg</u> FL Zip Code <u>33710</u>	

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: Thomas McNichol Thomas McNichol 4/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD MCGINNIS, KATHY STREET ADDRESS 3775 59TH ST. N., #2-2 CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete	TITLE NAME <u>President</u> Thomas McNichol STREET ADDRESS 3723 59th St N #5 CITY-ST-ZIP ST Petersburg FL 33710-1949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD TOUCHTON, SHARON STREET ADDRESS 891 79TH ST S CITY-ST-ZIP SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME <u>Pressure</u> Jerrica Gisevite STREET ADDRESS 3723 59th St. N #4 CITY-ST-ZIP St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 lists empowered.

SIGNATURE: Thomas McNichol Thomas McNichol 4/17/05 343 2838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #