FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751699 (0)

1. Corporation Name

SUNSET COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
625 N RIVER DR STUART FL 34994	625 N RIVER DR STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1980
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2073252 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~COLLINS, NEIL~~
~~625 N RIVER DR APT 304~~
~~STUART FL 34994~~

10. Name and Address of New Registered Agent

81 Name: Jane L. Cornett, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): Wackeen Cornett & Googe
83: 401 East Osceola St., 1st Floor
84 City: Stuart FL 85 Zip Code: 34995

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/19/95
Signature, typed or printed name of registered agent (if new) if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, ELEANOR	1.2 NAME		
STREET ADDRESS	625 N. RIVER DR., #104	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	V/P	☐ Change ☒ Addition
NAME	DRGON, JUDITH	2.2 NAME	ALLEN, JAMES J.	
STREET ADDRESS	625 N RIVER DR #305	2.3 STREET ADDRESS	625 NORTH RIVER DRIVE #407	
CITY-ST-ZIP	STUART, FL 0	2.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STOWE, RAMONA	3.2 NAME	SMALLACOMBE, ROBERT	
STREET ADDRESS	625 N. RIVER DR., #101	3.3 STREET ADDRESS	625 NORTH RIVER DRIVE #206	
CITY-ST-ZIP	STUART, FL 0	3.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE	VD	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DURAN, ROBERT	4.2 NAME	DURAN, ROBERT	
STREET ADDRESS	625 NORTH RIVER DRIVE #105	4.3 STREET ADDRESS	625 NORTH RIVER DRIVE #105	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE	STD	5.1 TITLE		☐ Change ☐ Addition
NAME	DOYLE, JOYCE	5.2 NAME		
STREET ADDRESS	625 NORTH RIVER DRIVE #301	5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] Joyce Doyle 4-12-95 (407) 692-2478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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