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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751699 (0)

1. Corporation Name

SUNSET COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

625 N RIVER DR
STUART FL 34994625 N RIVER DR
STUART FL 34994-89073. Date Incorporated or Qualified
03/25/19803a. Date of Last Report
04/08/1996

4. FEI Number

59-2073252

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

CORNETT, JAMES L.
WACKEEN CORNETT & GOOGE
401 E OSCEOLA STREET 1ST FLR
STUART FL 34995

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 D ☐ DELETE
NAME KAUFMAN, ELEANOR
STREET ADDRESS 625 N. RIVER DR., #104
CITY-ST-ZIP STUART, FL 000001.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ALLEN, GLORIA
STREET ADDRESS 625 N RIVER DR #407
CITY-ST-ZIP STUART FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE STD ☐ DELETE
NAME DURAN, JANET
STREET ADDRESS 625 NORTH RIVER DRIVE #105
CITY-ST-ZIP STUART FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME DOYLE, JOYCE
STREET ADDRESS 635 NORTH RIVER DRIVE #301
CITY-ST-ZIP STUART FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME STAPLETON, LINDA
STREET ADDRESS 625 NORTH RIVER DRIVE #108
CITY-ST-ZIP STUART FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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: *Janet Duran* JANET D. DURAN

1-29-97

561/692-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0071900

CR2E037 (9/96)