

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752052 (1)

1. Corporation Name

NATIVE SUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1950 S OCEAN BLVD  
POMPANO BCH. FL 33062

Mailing Address

1950 S OCEAN BLVD  
POMPANO BCH. FL 33062-80073. Date Incorporated or Qualified  
04/16/19803a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City &amp; State

28

Zip

Country

29

30

4. FEI Number  
59-2378699Applied 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

STEPHENS, KENNA W.  
354 S.W. 7TH AVENUE  
BOCA RATON 33486

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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	VD	<input type="checkbox"/> DELETE
NAME	MAHONEY, ANN M.	
STREET ADDRESS	2000 S. OCEAN BLVD, 11D	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENE, DOUG	
STREET ADDRESS	1380 NW 73 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEPHENS, KENNA	
STREET ADDRESS	354 SW 7TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARTHUR W. MCCARTHY	
STREET ADDRESS	7670 TRENT DR APT E-305	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROJOHN, GLENN	
STREET ADDRESS	829 PINECREST AVE	
CITY-ST-ZIP	MC KEESPORT PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021778

CR2E037 (9/96)