

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754591 (6)

1. Corporation Name

SUNSHINE ON INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

HARBOUR MANAGEMENT
552 MAIN ST
SAFETY HARBOR FL 34695
US

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552 MAIN ST
SAFETY HARBOR FL 34695
US

3. Date Incorporated or Qualified
10/13/1980

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

59-2438146

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

8. 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

MEZER, STEVEN H P A
1212 COURT ST
STE B
CLEARWATER FL 34616

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: VD DELETE
NAME: TRUJILLO, AL
STREET ADDRESS: 6407 AMBASSADOR
CITY-STATE-ZIP: TAMPA, FL 00000

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

TITLE: DT DELETE
NAME: SWIRBUL, DICK
STREET ADDRESS: 4938 W BAYWAY DR
CITY-STATE-ZIP: TAMPA, FL 00000

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:

TITLE: SD DELETE
NAME: SHETTLE, SUSIE
STREET ADDRESS: 1670 FOX RD
CITY-STATE-ZIP: CLEARWATER, FL 00000

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

TITLE: PD DELETE
NAME: FRANK, MARY SUE
STREET ADDRESS: 2611 BAYSHORE BLVD
CITY-STATE-ZIP: TAMPA FL

41 TITLE: Change Addition
42 NAME: MARY SUE FRANK
43 STREET ADDRESS: 2611 BAYSHORE BLVD
44 CITY-STATE-ZIP: TAMPA, FL

TITLE: D DELETE
NAME: MAGGARD, BOB
STREET ADDRESS: 188822 GULF BLVD #2C
CITY-STATE-ZIP: INDIAN SHORES FL

51 TITLE: Change Addition
52 NAME: PD
53 STREET ADDRESS: JOE MISTRETTA
54 CITY-STATE-ZIP: 14020 BRIARDALE LN
TAMPA, FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-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)(k), 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:

Frank M. Maggard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

813 9615618

Daytime Phone #

CR2E037 (12/95)