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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **754591** **(6)**

1. Corporation Name

SUNSHINE ON INDIAN SHORES CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
HARBOUR MANAGEMENT 552 MAIN ST SAFETY HARBOR FL 34695 US	HARBOUR MANAGEMENT 552 MAIN ST SAFETY HARBOR FL 34695-3549 US

3. Date Incorporated or Qualified: 10/13/1980
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

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

10. Name and Address of New Registered Agent

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 _____ Pres. 4-17-97
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	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	TRUJILLO, AL		1.2 NAME	ALFRED TRUJILLO	
STREET ADDRESS	6407 AMBASSADOR		1.3 STREET ADDRESS	6407 AMBASSADOR	
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP	TAMPA, FL. 33615	
TITLE	DT	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	SWIRBUL, DICK		2.2 NAME	MARY SUE FRANK	
STREET ADDRESS	4938 W BAYWAY DR		2.3 STREET ADDRESS	2611 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	SHETTLE, SUSIE		3.2 NAME	DICK SWIRBUL	
STREET ADDRESS	1670 FOX RD		3.3 STREET ADDRESS	4938 BAYWAY DR.	
CITY-ST-ZIP	CLEARWATER, FL 00000		3.4 CITY-ST-ZIP	TAMPA, FL. 33629	
TITLE	D	☐ DELETE	4.1 TITLE	SD	☐ Change ☐ Addition
NAME	FRANK, MARY SUE		4.2 NAME	SUZANNE SHETTLE	
STREET ADDRESS	2611 BAYSHORE BLVD		4.3 STREET ADDRESS	1670 FOX ROAD	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	CLEARWATER, FL. 34624	
TITLE	PD	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	MISTRETTA, JOE		5.2 NAME	MARGIE KYNES	
STREET ADDRESS	14020 BRIARDALE LN		5.3 STREET ADDRESS	5103 S. NEBRASKA STREET	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FL.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Richard B. Swirbul RICHARD C. SWIRBUL Treasurer 1/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069267