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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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 US

3. Date Incorporated or Qualified: 10/13/1980

4. FEI Number: 59-2438146 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRUJILLO, ALFRED		1.2 NAME		
STREET ADDRESS	6407 AMBASSADOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SWIRBUL, DICK		2.2 NAME		
STREET ADDRESS	4938 W BAYWAY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHETTLE, SUZANNE		3.2 NAME		
STREET ADDRESS	1670 FOX RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, MARY SUE		4.2 NAME		
STREET ADDRESS	2611 BAYSHORE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	~~PD~~	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~MISTRETTA, JOE~~		5.2 NAME		
STREET ADDRESS	~~14020 BRIARDALE LN~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KYNES, MARGIE		6.2 NAME		
STREET ADDRESS	5103 S. NICHOL STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Alfredo Trujillo D