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**Mar 07 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 756130 (1)

1. Corporation Name
SUNRAKER WEST ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O GRAYMAR ENTERPRISES C/O GRAYMAR ENTERPRISES
350-2 GULF BLVD. 350-2 GULF BLVD.
INDIAN ROCKS BEACH FL 34635 INDIAN ROCKS BEACH FL 33786-3647
US US

3. Date Incorporated or Qualified **01/30/1981** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2107613	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33785	29 33785		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POTTER, JANA 2406 N. GULF BLVD., #203 INDIAN ROCKS BEACH FL 34635		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD CHRISTNER MARGARET A.	1.2 NAME	
STREET ADDRESS	8540 140TH ST. N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 34646	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD POTTER, JANA	2.2 NAME	
STREET ADDRESS	2406 N. GULF BLVD. #203	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD SUNRAKER PETER	3.2 NAME	Vice President/D
STREET ADDRESS	PO BOX 200156 2400 GULF BLVD X 203	3.3 STREET ADDRESS	Edward Rech
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 34635 XX	3.4 CITY - ST - ZIP	2406 Gulf Blvd., #101
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Margaret A. Christner* 2-17-96 **813-596-8222**

CR2E037 (9/96)