

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90049 030 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756130**

1. Corporation Name  
**SUNRAKER WEST ASSOCIATION, INC.**

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 \* 5 558395 - 90026 - 12 \* 9 5 \*

Principal Place of Business C/O GRAYMAR ENTERPRISES 350-2 GULF BLVD. INDIAN ROCKS BEACH FL 33785 US	Mailing Address C/O GRAYMAR ENTERPRISES 350-2 GULF BLVD. INDIAN ROCKS BEACH FL 33785 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/30/1981</b>
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number <b>59-2107613</b>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>POTTER, JANA 2406 N. GULF BLVD., #203 INDIAN ROCKS BEACH FL 34835</b>	10. Name and Address of New Registered Agent 81 Name <b>Margaret A. Christner</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>350-2 Gulf Boulevard</b> 83 84 City <b>Indian Rocks Beach, FL</b> 85 Zip Code <b>33785</b>
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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 *Margaret A. Christner* DATE **5-19-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHRISTNER MARGARET A.</b>		1.2 NAME	
STREET ADDRESS <b>8540 140TH ST. N.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEMINOLE FL 34846</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>POTTER, JANA</b>		2.2 NAME	
STREET ADDRESS <b>2406 N. GULF BLVD. #203</b>		2.3 STREET ADDRESS	<b>Frank F. Cossota President DIRECTOR <i>FD</i></b>
CITY-ST-ZIP <b>INDIAN ROCKS BEACH FL</b>		2.4 CITY-ST-ZIP	<b>15603 Kings Parkway Tampa, FL 33618</b>
TITLE <b>VPO</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RECH, EDWARD</b>		3.2 NAME	<b>Treasurer DIRECTOR <i>TD</i></b>
STREET ADDRESS <b>2406 GULF BLVD., #101</b>		3.3 STREET ADDRESS	<b>3440 Valley Ranch Drive</b>
CITY-ST-ZIP <b>INDIAN ROCKS BEACH FL</b>		3.4 CITY-ST-ZIP	<b>Lutz, FL 33549</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, with all other like empowered.

SIGNATURE: *Margaret A. Christner* April 30, 1999 727-596-8222

CR2E037 (11/98)