

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05292 (0)
1. Corporation Name
SUNSET HARBOR OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**3873 S. BANANA RIVER BLVD. #5000
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified **09/24/1984** 3a. Date of Last Report **04/13/1995**
4. FEI Number **59-2880532** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDGAR BRISSON
3873 S BANANA RV BLVD
302
COCOA BEACH FL 32931**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 | <input type="checkbox"/> DELETE |
| NAME | EDGAR BRISSON | |
| STREET ADDRESS | 3873 S BANANA RIV B 302 | |
| CITY-ST-ZIP | COCOA BCH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GLENN BLACKBURN | |
| STREET ADDRESS | 3873 S BANANA RIV B 506 | |
| CITY-ST-ZIP | COCOA BCH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JEAN BRISSON | |
| STREET ADDRESS | 3873 S BANANA RIV B 304 | |
| CITY-ST-ZIP | COCOA BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TEMLITZ, JEANNE V. | |
| STREET ADDRESS | 3873 S. BANANA RIVER BLVD. 103 | |
| CITY-ST-ZIP | COCOA BEACH FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | CARNAVOS HELEN | |
| STREET ADDRESS | 3873 S BANANA RIV B 401 | |
| CITY-ST-ZIP | COCOA BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | BARTHOLOME, MARGARET (DENNY) |
| 5.3 STREET ADDRESS | 3873 S BANANA RIV. BLVD. 406 |
| 5.4 CITY-ST-ZIP | COCOA BEACH, FL. 32931 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeane V. Temnitz
JEANNE V. TEMNITZ

4-5-96
Date

(407) 999-3240
Daytime Phone #

CR2E037 (12/95)