

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20725** (0)

1. Corporation Name

LAND'S END AT SUNSET BEACH 5 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 7500 BAYSHORE DR, ~~1700 MCMULLEN BOOTH ROAD, SUITE C-3~~ TREASURE ISLAND FL 33706 US
Mailing Address: 7500 BAYSHORE DR, ~~1700 MCMULLEN BOOTH ROAD, SUITE C-3~~ TREASURE ISLAND FL 33706 US

3. Date Incorporated or Qualified: 05/19/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2819675
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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELLA, JOAN-SPM MANAG I
7500 BAYSHORE DR
~~STE 202~~
TREASURE ISLAND FL 33715

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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BELAIR, LARRY	
STREET ADDRESS	139 HOOKER FARM ROAD	
CITY-ST-ZIP	SALEM NH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEINER, GENE	
STREET ADDRESS	4301 ROBIN LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VONDRAK, RICHARD	
STREET ADDRESS	595 ABILENE TRAIL	
CITY-ST-ZIP	WYOMING OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STAUFFER, LORETTA	
STREET ADDRESS	3369 ARLINGTON PL.	
CITY-ST-ZIP	BEAVERCREEK OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOCH, HOLLY	
STREET ADDRESS	P O BOX 528	
CITY-ST-ZIP	MUENSTER TX	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/96 (813) 360-4323
Date Daytime Phone #

Check # 1074

CR2E037 (12/95)