


FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20725 (0)**

1. Corporation Name  
**LAND'S END AT SUNSET BEACH 5 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>7500 BAYSHORE DR TREASURE ISLAND FL 33706 US</b>	Mailing Address <b>7500 BAYSHORE DR TREASURE ISLAND FL 33706-3560 US</b>
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3. Date Incorporated or Qualified <b>05/19/1987</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>59-2819675</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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: *Joan C. Vella* **Joan C. Vella** **4/28/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELAIR, LARRY</b>	
STREET ADDRESS	<b>139 HOOKER FARM ROAD</b>	
CITY-ST-ZIP	<b>SALEM NH</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINER, GENE</b>	
STREET ADDRESS	<b>4301 ROBIN LANE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>VONDRAK, RICHARD</b>	
STREET ADDRESS	<b>595 ABILENE TRAIL</b>	
CITY-ST-ZIP	<b>WYOMING OH</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>STAUFFER, LORETTA</b>	
STREET ADDRESS	<b>3369 ARLINGTON PL.</b>	
CITY-ST-ZIP	<b>BEAVERCREEK OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOCH, HOLLY</b>	
STREET ADDRESS	<b>P O BOX 528</b>	
CITY-ST-ZIP	<b>MUENSTER TX</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WEINER, GENE</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VONDRAK, RICHARD</b>
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	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>KOCH, HOLLY</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VD</b>
6.3 STREET ADDRESS	<b>MORLEY, EDWARD</b>
6.4 CITY-ST-ZIP	<b>31 N. MARLE AVE #122 MARLTON, NJ</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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: *Robert E. [Signature]* **ROBERT E. [Signature]** **4/12/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060184

CR2E037 (9/96)