

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

Mailing Address

**7500 BAYSHORE DR  
TREASURE ISLAND FL 33706  
US**

**7500 BAYSHORE DR  
TREASURE ISLAND FL 33706  
US**

3. Date Incorporated or Qualified

**05/19/1987**

4. FEI Number

**59-2819675**

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**25 Country**

**28 Zip**

**30 Country**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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**

**FL**

**85 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

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 **VD** ☒ DELETE  
NAME **MORLEY, EDWARD**  
STREET ADDRESS **31 N. MARLE AVE., #122**  
CITY-ST-ZIP **MARLTON NJ**

1.1 TITLE **VPD** ☐ Change ☒ Addition  
1.2 NAME **Avey, Michael**  
1.3 STREET ADDRESS **6667 Greenbrier Dr.**  
1.4 CITY-ST-ZIP **Seminole, FL 34647**

TITLE **TD** ☒ DELETE  
NAME **WEINER, GENE**  
STREET ADDRESS **4301 ROBIN LANE**  
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **TD** ☐ Change ☒ Addition  
2.2 NAME **Penfilio, Anthony**  
2.3 STREET ADDRESS **2912 Stone Mill Ct.**  
2.4 CITY-ST-ZIP **BEAVERCREEK, OH 45434**

TITLE **D** ☒ DELETE  
NAME **VONDRAK, RICHARD**  
STREET ADDRESS **505 ABILENE TRAIL**  
CITY-ST-ZIP **WYOMING OH**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Wegner, Donald**  
3.3 STREET ADDRESS **53 Whitney Place**  
3.4 CITY-ST-ZIP **Cheektowaga, NY 14227**

TITLE **SD** ☐ DELETE  
NAME **STAUFFER, LORETTA**  
STREET ADDRESS **3369 ARLINGTON PL.**  
CITY-ST-ZIP **BEAVERCREEK OH**

4.1 TITLE **PD** ☒ Change ☐ Addition  
4.2 NAME **Stauffer, Loretta**  
4.3 STREET ADDRESS **3369 Arlington Pl.**  
4.4 CITY-ST-ZIP **Beavercreek, OH 45434**

TITLE **PD** ☒ DELETE  
NAME **KOCH, HOLLY.**  
STREET ADDRESS **P O BOX 528**  
CITY-ST-ZIP **MUNSTER TX**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Cinque, Kathy**  
5.3 STREET ADDRESS **25 N. Valley Rd**  
5.4 CITY-ST-ZIP **Ridgefield, CT 06877**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

**Loretta Stauffer Loretta Stauffer 7/7/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)