FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20725

1. Corporation Name

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

Principal Place of Business 7500 BAYSHORE DR TREASURE ISLAND FL 33706

2. Principal Place of Business

Mailing Address

2a. Mailing Address

7500 BAYSHORE DR TREASURE ISLAND FL 33706

FILED Mar 11, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

05/19/1987



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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-2819				fied For Applicable
22		27				33 E0 13	310			
City & State	е	City & State				5. Certifcate of	f Status Desired		\$8.75 Ac	
Zip	Country	Zíp	Cou	intry		6. Election Ca	ımpaign Financin	a –	\$5.00 N	Aav Be
24	25	29	30				Contribution	9 🗆	Added to	- 1
*	9. Name and Address of Current					10. Name and	Address of New	Registered A	gent	
				81 Name 12-1 1- 1 10-0 0 1						
				NICHOLAS + LANC, P.A.						<u>. </u>
VELLA, JOAN-SPM MANAG I				82 Street Address (P.O. Box Number is Not Acceptable)						
7500 BAY		83								
STE 202				" 5001 4+ St. N. SWITE A						
TREASURE ISLAND FL 33715				84 City ST PETFESSURG FL 85 Zip Code 33						
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 registr									egistered	
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 agent the obligations of, Section 617.0503, Florida Statutes.										
agent. I am famillar with, and agrent the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Nicholas F. Lang President 2/15/99										
SIGNATURE		V NI	UNOVA.	Agent signature	ens	hen reinstating)	ent	DATE DATE	1/99	\
12.	Signature, typed or printed area of registered agent OFFICERS AND		13.	Agent signature	a required.		CHANGES TO C	FEICERS ANI	DIRECTOR	RS IN 12
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NAME	AVERY, MICHAEL		1.2 N			εγ , π	nichael	-		ļ
STREET ADDRESS	6667 GREENBRIER DR			1.3 STREET ADDRESS						
CITY-ST-ZIP	SEMINOLE FL 34647	□ NC! ETE		TY-ST-ZIP	1				Change	Addition
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NAME	PERFILIO, ANTHONY		2.2 N		_					}
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NAME	WEGNER, DONALD		3.2 N	AME						
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CITY-ST-ZIP	CHEEKTOWAGA NY 14227			ITY-ST-ZIP						
TITLE	PD	☐ DELETE	4.1 TI	TLE					☐ Change	☐ Addition {
NAME	STAUFFER, LORETTA		4. 2 N	IAME	1					
STREET ADDRESS	3369 ARLINGTON PL.		4.3 S	TREET ADDRES	s					
CITY-ST-ZIP	BEAVERCREEK OH			ITY-ST-ZIP					= .	
TITLE	D	☐ DELETE	5.1 TI		. سا		1/1-		Change	☐ Addition
NAME	CINGUE, KATHY		5.2 N			MQUE,	DAIHY			
STREET ADDRESS	25 N VALLEY RD		5.3 ST	TREET ADDRES	S					4
CITY-ST-ZIP	RIDGEFIELD CT 06877			TY-ST-ZIP						
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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 op an attachment with an address, with all other like empowered.

SIGNATURE: