
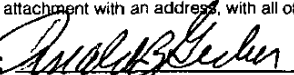


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90077 020 \*\*\*\*61.25

<b>DOCUMENT # N20725</b>					
1. Entity Name LAND'S END AT SUNSET BEACH 5 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7500 BAYSHORE DR TREASURE ISLAND, FL 33706 US			Mailing Address 7500 BAYSHORE DR TREASURE ISLAND, FL 33706 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANG, NICHOLAS F 5001 4TH ST N STE A ST PETERSBURG, FL 33703				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERFILIO, ANTHONY			NAME	
STREET ADDRESS	2912 STONE MILL CT			STREET ADDRESS	
CITY-ST-ZIP	BEAVER CREEK, OH 45434			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, DONALD			NAME	
STREET ADDRESS	23 WEST LOCKWOOD AVE.			STREET ADDRESS	
CITY-ST-ZIP	SAINT LOUIS, MO 63119			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, DALE			NAME	
STREET ADDRESS	3171 SAN JOSE ST			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33759			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZIKSZAY, TOM			NAME	
STREET ADDRESS	10908 BRIDLE PLACE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUESCHE, ANDY			NAME	
STREET ADDRESS	5704 EAGLE POINT PL			STREET ADDRESS	
CITY-ST-ZIP	LITHIA, FL 33547			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DONALD B. GERBER				Date: 1/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	