

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000704 (5)

1. Corporation Name
SUNRISE RESORT ON ST. PETE BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **5050 GULF BLVD. ST. PETE BEACH FL 33706**
Mailing Address: **5050 GULF BLVD. ST. PETE BEACH FL 33706**

3. Date Incorporated or Qualified: **02/13/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **5445 Gulf Boulevard**
Suite, Apt. #, etc.
22
City & State
23 **St. Pete Beach, FL**
Zip Country
24 **33706** 25 **US**
2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 **33706** 30 **US**

4. FEI Number: **59-3300556**
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

9. Name and Address of Current Registered Agent
WELCH, DOROTHY M
5050 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, DOROTHY M	1.2 NAME
STREET ADDRESS	5050 GULF BLVD.	1.3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	1.4 CITY-ST-ZIP
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, WILLIAM M	2.2 NAME
STREET ADDRESS	5050 GULF BLVD.	2.3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	2.4 CITY-ST-ZIP
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDER, CHARLES	3.2 NAME
STREET ADDRESS	4450 GULF BLVD., #305	3.3 STREET ADDRESS
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	JD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAMPBELL, JOHN
3.3 STREET ADDRESS	P.O. Box 1203
3.4 CITY-ST-ZIP	Marion, IN 46952
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: X Dorothy M. Welch 3/8/96 813 367-4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)