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May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

5445 GULF BLVD
ST. PETERSBURG BEACH FL 33706
US

5050 GULF BLVD.
ST. PETE BEACH FL 33706-2424

3. Date Incorporated or Qualified
02/13/1995

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3300556

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELCH, DOROTHY M
5050 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

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 DP DELETE
NAME WELCH, DOROTHY M
STREET ADDRESS 5050 GULF BLVD.
CITY-ST-ZIP ST PETERSBURG BEACH FL 33706

1.1 TITLE DP Change Addition
1.2 NAME CAMPBELL, John W.
1.3 STREET ADDRESS P.O. Box 1203 N/A
1.4 CITY-ST-ZIP Marion, IN 46952

TITLE STD DELETE
NAME WELCH, WILLIAM M
STREET ADDRESS 5050 GULF BLVD.
CITY-ST-ZIP ST PETERSBURG BEACH FL

2.1 TITLE STD Change Addition
2.2 NAME BARNEY, Tom
2.3 STREET ADDRESS 2510 Vina del Mar Blvd. E
2.4 CITY-ST-ZIP St. Pete Beach, FL 33706

TITLE VD DELETE
NAME CAMPBELL, JOHN
STREET ADDRESS P.O. BOX 1203
CITY-ST-ZIP MARION IN

3.1 TITLE VD Change Addition
3.2 NAME WROBLEWSKI, Ken
3.3 STREET ADDRESS 5904 W. 97th Street
3.4 CITY-ST-ZIP Oaklawn, IL 60453

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Campbell

Date

(317) 664-3993

Daytime Phone # 0050230

CR2E037 (9/96)