

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 24 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 # N95000000704 (5)**  
1. Corporation Name  
**SUNRISE RESORT ON ST. PETE BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>5445 GULF BLVD ST. PETERSBURG BEACH FL 33706 US</b>	Mailing Address <b>5050 GULF BLVD. ST. PETE BEACH FL 33706</b>
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3. Date Incorporated or Qualified <b>02/13/1995</b>	
4. FEI Number <b>59-3300556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JOHN E	
STREET ADDRESS	P.O. BOX 1203 N/A	
CITY-ST-ZIP	MARION IN 46952	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BARNEY, TOM	
STREET ADDRESS	2510 VINA DEL MAR BLVD. E	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WROBLEWSKI, KEN	
STREET ADDRESS	5904 W 97TH ST	
CITY-ST-ZIP	OAKLAWN IL 60453	
TITLE	S/T/D	<input type="checkbox"/> DELETE
NAME	BOLINO, DAN	
STREET ADDRESS	589 SHARON WAY	
CITY-ST-ZIP	BOLINGBROOK, IL 60440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOU GURISKO	
STREET ADDRESS	2066 20th ST	
CITY-ST-ZIP	WYNADOTTE, MI 48192	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAGG CRANE	
STREET ADDRESS	1432 54th AVE NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 \_\_\_\_\_

CFR2E037 (10/97)