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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000704

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/13/1995

22 City & State

27 City & State

4. FEI Number
 59-3300556

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

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

24

25

29

30

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

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
 NAME CAMPBELL, JOHN E
 STREET ADDRESS P.O. BOX 1203 N/A
 CITY-ST-ZIP MARION IN 46952

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

TITLE SD
 NAME BOLINO, DAN
 STREET ADDRESS 589 SHARON WAY
 CITY-ST-ZIP BOLINGBROOK IL 60440

2.1 TITLE SD Change Addition
 2.2 NAME BOLINO, DAN
 2.3 STREET ADDRESS 589 Sharon Way
 2.4 CITY-ST-ZIP Bolingbrook, IL 60440

TITLE WD
 NAME WROBLEWSKI, KEN
 STREET ADDRESS 5904 W 97TH ST
 CITY-ST-ZIP OAKLAWN IL

3.1 TITLE PD Change Addition
 3.2 NAME WROBLEWSKI, KEN
 3.3 STREET ADDRESS 5904 W 97th St.
 3.4 CITY-ST-ZIP Oaklawn, IL

TITLE G
 NAME GURISKO, LOU
 STREET ADDRESS 2066 20TH ST
 CITY-ST-ZIP WYNADOTTE MI 48192

4.1 TITLE VD Change Addition
 4.2 NAME GURISKO, LOU
 4.3 STREET ADDRESS 2066 20th St.
 4.4 CITY-ST-ZIP WYNADOTTE, MI 48192

TITLE DT
 NAME CRANE, BRAGG
 STREET ADDRESS 1432 54TH AVE. NE
 CITY-ST-ZIP ST. PETERSBURG FL 33703

5.1 TITLE T Change Addition
 5.2 NAME Crane, Bragg
 5.3 STREET ADDRESS 2032 Massachusetts Ave. NE
 5.4 CITY-ST-ZIP St. Petersburg, FL 33703

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

4/22/99

727 367-4582

Date

Daytime Phone #

CR2E037 (11/98)