



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90026 014 ****70.00

DOCUMENT # N9500000704			
1. Entity Name SUNRISE RESORT ON ST. PETE BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5445 GULF BLVD ST. PETERSBURG BEACH FL 33706 US		Mailing Address 10681 GULF BLVD. 207 TREASURE ISLAND FL 33706 US	
2. Principal Place of Business		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	
LIBERTE MANAGEMENT 10681 GULF BLVD., SUITE 207 TREASURE ISLAND FL 33706		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>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAULT, JIM 28301 JOAN SAINT CLAIR SHORES MI 48081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8404 Wernuth Centerline, Mi 48015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONFREDO, KEN 100 LINCOLN AVE #9-B MINEOLA NY 11501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21 Royalston Lane S. Setauket NY 11720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURISKO, LOIUS P O BOX 19316 LAKE GEORGE MI 48633 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Craig Allen 2030 Bay Pointe Dr. Hixson TN 37343-3189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, JOHN 75 NORE ROAD PORTSHEAD N SOMERSET ENGLAND EN b5-206j <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition England B5206JZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMPSON, PAULINE RR 1 BOX 154 BRECHIN ONTARIO CA 105- 1b0 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasure John Campbell 277 55th Ave St. Pete Beh Fl 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: 		JOHN W. CAMPBELL 2.6.04 727.363.6146	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	