

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000704

FILED
Jan 07, 2012
Secretary of State

Entity Name: SUNRISE RESORT ON ST. PETE BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5445 GULF BLVD
ST. PETE BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

5445 GULF BLVD
ST. PETE BEACH, FL 33706 US

New Mailing Address:

FEI Number: 59-3300556 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BLUESKY MANAGEMENT
1135 PASADENA AVE. S.
225
SOUTH PASADENA, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: JOHN, THOMAS
Address: 53 CHARLCOMBE RISE PORTISHEAD
City-St-Zip: N. SOMERSET ENGLAND, UK B5208ND UK

Title: T
Name: CAMPBELL, JOHN
Address: 277 55TH AVE
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: PD
Name: CRAIG, ALLEN
Address: 2030 BAY POINTE DR
City-St-Zip: HIXSON, TN 373433189 US

Title: PD
Name: VICHICH, JON
Address: 650A PINELLAS BAYWAY S., UNIT 1201
City-St-Zip: TIERRA VIERDE, FL 33715 US

Title: SD
Name: GLOSSOP, DAVE
Address: 16 USHER DRIVE
City-St-Zip: BANBURY OXON ENGLAND, UK OX161AJ UK

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN CAMPBELL

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01/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date