


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90198 025 ****61.25

| | |
|---|---|
| DOCUMENT # N99000004664 |  |
| 1. Entity Name SUNSET BEACH DUNES CONDOMINIUM ASSOCIATION, INC. | |

| | |
|--|--|
| Principal Place of Business 8640 SEMINOLE BLVD. SEMINOLE FL 33772 | Mailing Address 8540 W GULF BLVD TREASURE ISLAND FL 33706 |
|--|--|

| | |
|--|----------------------------|
| 2. Principal Place of Business 8540 W. Gulf Blvd | 3. Mailing Address |
| Suite, Apt. #, etc. #3 | Suite, Apt. #, etc. #3 |
| City & State Treasure Island FL | City & State |
| Zip 33706 | Country Pinellas |



1st MOORE CR2E037 (10/04)

| | |
|--|--------------------------------------|
| 4. FEI Number 59-3601421 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BLVD. SEMINOLE FL 33772 | 7. Name and Address of New Registered Agent Name: SUSAN HOLZINGER Street Address (P.O. Box Number is Not Acceptable): 8540 W. GULF BLVD #3 City: Treasure Island FL Zip Code: 33706 |
|--|---|

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: SUSAN HOLZINGER, Secretary/Treasurer *Susan Holzinger* 2-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 DP NAME STEFAN, BOMMERER STREET ADDRESS 8540 W. GULF BLVD CITY-ST-ZIP SAINT PETERSBURG FL 33706 | <input checked="" type="checkbox"/> Delete | TITLE Secretary/Treasurer NAME SUSAN HOLZINGER STREET ADDRESS 8540 W. GULF BLVD #3 CITY-ST-ZIP TREASURE ISLAND FL 33706 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DT NAME MONTALBANO, RICHARD STREET ADDRESS 8540 W GULF BLVD CITY-ST-ZIP SAINT PETERSBURG FL 33706 | <input checked="" type="checkbox"/> Delete | TITLE Vice-President NAME Donald Lloyd STREET ADDRESS 8540 W. GULF BLVD #1 CITY-ST-ZIP Treasure Island FL 33706 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DS NAME ESTES, SHAWN STREET ADDRESS 8540 W. GULF BLVD CITY-ST-ZIP SAINT PETERSBURG FL 33706 | <input type="checkbox"/> Delete | TITLE President NAME ESTES, SHAWN STREET ADDRESS 8540 W. GULF BLVD #5 CITY-ST-ZIP Treasure Island FL 33706 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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: *Susan Holzinger* SUSAN HOLZINGER 2-21-05 7273679112
Signature and typed or printed name of signing officer or director Date Daytime Phone #