2006 NOT-FOR-PROFIT CORPORATION

FILED Feb 27, 2006 8:00 am **ANNUAL REPORT (AR)** Secretary of State DOCUMENT # N99000004664 02-27-2006 90103 027 ****61.25 SUNSET BEACH DUNES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 8540 W GULF BLVD 8540 W GULF BLVD #3 TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address 8540 W. Gulf BIVD 8540 W. Gulf BNO Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 出 #1 City & State City & State 4. FEI Number Applied For Florida 59-3601421 DUALSI Treasure Treasure Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ine Has Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLZINGER, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 8540 W GULF BLVD #3 TREASURE ISLAND FL 33706 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? 2-16-06 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PresiDEN+ TITLE TITLE Delete ☐ Change ☐ Addition Montalbano, Richard HOLZINGER, SUSAN NAME NAME 8540 W. GULF BIVD. STREET ADDRESS 8540 W. GULF BLVD STREET ADDRESS SAINT PETERSBURG FL 33706 CITY-ST-ZIP TRAJURE ISLAND. CITY-ST-7IP VΡ TITLE ☐ Delete TITLE 57 Change ☐ Addition LLOYD, DONALD NAME NAME 8540 W GULT BLVD STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-7IP Proceden Noleto ☐ Addition. TITLE TITLE Marvin, DAVE 8540 W. GUIF TreASURE TURNE ESTES, SHAWN NAME NAME STREET ADDRESS 8540 W. GULF BLVD STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33706 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, which is empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

2-16-06

727-363-1720

Addition

Change