

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000248

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC0439888253**

**Entity Name:** THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRITY ASSOC. SERVICES  
10380 FOX TRAIL RD  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

C/O INTEGRITY ASSOC. SERVICES  
10380 FOX TRAIL RD  
WEST PALM BEACH, FL 33411 US

**FEI Number: 20-4409436**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FRANGOS, LOUIS  
10380 FOX TRAIL RD  
WEST PALM BEACH, FL 33414 US

*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

**Officer/Director Detail :**

Title P  
Name BAZOS, JOHN  
Address 10380 FOX TRAIL RD  
City-State-Zip: WEST PALM BEACH FL 33411

Title SEC  
Name VIVAS, LIENER  
Address 10380 FOX TRAIL RD  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name EVASIUS, JOHN  
Address 10380 FOX TRAIL RD  
City-State-Zip: WEST PALM BEACH FL 33411

*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: LIENER VIVAS**

**SECRETARY**

**02/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date