

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

DOCUMENT# N95000000704

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

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC2262547934**

**Current Principal Place of Business:**

5445 GULF BLVD  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

5445 GULF BLVD  
ST. PETE BEACH, FL 33706 US

**FEI Number: 59-3300556**

**Certificate of Status Desired: No**

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

BLUESKY MANAGEMENT  
1135 PASADENA AVE. S.  
225  
SOUTH PASADENA, FL 33707 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 D  
Name JOHN, THOMAS  
Address 53 CHARLCOMBE RISE PORTISHEAD  
City-State-Zip: N. SOMERSET ENGLAND UK B5208-ND

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

Title PD  
Name CRAIG, ALLEN  
Address 2030 BAY POINTE DR  
City-State-Zip: HIXSON TN 37343-3189

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

Title SD  
Name MONFREDO, KEN  
Address 21 ROYALSTON LANE  
City-State-Zip: SOUTH SETAUKET NY 11720

*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**

**TREASURER**

**01/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date