

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90010 028 \*\*\*\*70.00

0052872

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 706490**

1. Corporation Name

**SUNSET BEACH CIVIC ASSOCIATION INC**

Principal Place of Business

C/O ROSALIE BROWNLEY  
8541 W. GULF BLVD  
TREASURE ISLAND FL 33706  
US

Mailing Address

C/O ROSALIE BROWNLEY  
8541 W. GULF BLVD  
TREASURE ISLAND FL 33706  
US

3 1 5 8 4 \*  
315084 - 90010 - 28



2. Principal Place of Business

21 **8451 Blind Pass Drive**

Suite, Apt. #, etc.

22 **c/o Susan DeBona**

City & State

23 **Treasure Island FL**

Zip

24 **33706**

Country

25 **USA**

2a. Mailing Address

26 **8451 Blind Pass Drive**

Suite, Apt. #, etc.

27 **c/o SUSAN DeBona**

City & State

28 **Treasure Island FL**

Zip

29 **33706**

Country

30 **USA**

3. Date Incorporated or Qualified

**12/03/1963**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**BROWNLEY, ROSALIE  
8541 W. GULF BLVD.  
TREASURE ISL FL 33706**

10. Name and Address of New Registered Agent

81 Name

**Susan H. DeBona**

82 Street Address (P.O. Box Number is Not Acceptable)

**8451 Blind Pass Drive**

83

~~Treasure Island~~

84 City

**Treasure Island FL**

85 Zip Code

**33706**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Susan DeBona** **Susan H. DeBona**

**4-5-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE

NAME **BROWNLEY, ROSALIE**  
STREET ADDRESS **8541 W. GULF BLVD.**  
CITY-ST-ZIP **TREASURE ISL FL 33706**

TITLE **D** ☐ DELETE

NAME **LIPKE, BETTY**  
STREET ADDRESS **37-80TH TERR**  
CITY-ST-ZIP **TREASURE ISL FL 33706**

TITLE **D** ☒ DELETE

NAME **AGAN, BONNIE**  
STREET ADDRESS **114-88TH AVE**  
CITY-ST-ZIP **TREASURE ISL FL 33706**

TITLE **D** ☒ DELETE

NAME **HORAK, HEIDI**  
STREET ADDRESS **123 88TH AVE**  
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **DS** ☐ DELETE

NAME **SCHWART, DAN**  
STREET ADDRESS **8662 86TH TERRACE, #2**  
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR (D)** ☒ Change ☐ Addition

1.2 NAME **Brownley, Rosalie**  
1.3 STREET ADDRESS **8541 W. Gulf Blvd.**  
1.4 CITY-ST-ZIP **Treasure Island FL 33706**

2.1 TITLE **PRESIDENT/DIRECTOR (PD)** ☐ Change ☒ Addition

2.2 NAME **DeBona, JAMES. J.**  
2.3 STREET ADDRESS **8451 BLIND PASS DRIVE**  
2.4 CITY-ST-ZIP **Treasure Island FL 33706**

3.1 TITLE **Vice President/Director** ☐ Change ☒ Addition

3.2 NAME **Lenahan, DAN**  
3.3 STREET ADDRESS **36 82nd Avenue**  
3.4 CITY-ST-ZIP **Treasure Island FL 33706**

4.1 TITLE **Treasurer (T)** ☐ Change ☒ Addition

4.2 NAME **DeBona, Susan H.**  
4.3 STREET ADDRESS **8451 BLIND PASS DRIVE**  
4.4 CITY-ST-ZIP **Treasure Island FL 33706**

5.1 TITLE **DIRECTOR (D)** ☐ Change ☒ Addition

5.2 NAME **Hixon, HARRY**  
5.3 STREET ADDRESS **41 81st Avenue**  
5.4 CITY-ST-ZIP **Treasure Island FL 33706**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan DeBona** **Susan H. DeBona**

DATE

**4-5-99**

Daytime Phone #

**727.367.6651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)