


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90385 004 \*\*\*\*61.25

<b>DOCUMENT # 731160</b> 1. Entity Name <b>SUNTIDE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1357 NE OCEAN BLVD. STUART FL 34996-1534 US</b>		Mailing Address <b>7136 SE OSPREY STREET HOBE SOUND FL 33455 US</b> <i>Prisme Met Jupiter</i>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <i>400 Tracy Lane Dunee</i> Suite, Apt. #, etc. <i>Jupiter FL 33458</i> City & State Zip			
Country		Country		4. FEI Number <b>59-1720637</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DICKINSON MANAGEMENT 7136 SE OSPREY STREET HOBE SOUND FL 33455</b>			7. Name and Address of New Registered Agent  <b>Jane L. Cornett, Esq. 401 East Osceola St. Stuart, FL 34994</b>		
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 <i>[Signature]</i> <small>Signature of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)</small>				DATE <b>3-24-06</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAVAN, TED 1357 NE OCEAN BLVD # 401 STUART FL 34996	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, JAMES 1357 NE OCEAN BLVD #204 STUART FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANA WALL 1357 NE OCEAN BLVD #109 STUART, FL- 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDAS, RICHARD 1357 NE OCEAN BLVD # 307 STUART FL 34996	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD/VP BERCZIN, Sid 1357 N.E. Ocean Blvd #209 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADDEO, ANTHONY 1357 NE OCEAN BLVD., #410 STUART FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CESARIO, MARY 1357 N.E. Ocean Blvd # 319 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PREHM, JOAN 1357 NE OCEAN BLVD., #220 STUART FL 34996	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lohmeier, Charlie 1357 NE Ocean Blvd # 109 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALL, DIANA 1357 NE OCEAN BLVD # 109 STUART FL 34996	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>

12. I 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, with all other like empowered.

SIGNATURE: *[Signature]* DIANA M WALL 3-24-06 772-225-2432