

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90093 030 \*\*\*\*61.25

<b>DOCUMENT # 731160</b> Entity Name <b>SUNTIDE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1357 NE OCEAN BLVD. STUART, FL 34996-1534 US			Mailing Address PRIME MGMT JUPITER 400 TONEY PENNA DRIVE JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2014 WINDYANTOWN RD #200</b>			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CORNETT, JANE L ESQ</b> <b>401 E OSCEOLA ST</b> <b>STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> <b>DONAVAN, TED</b> 1357 NE OCEAN BLVD # 401 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> <b>TED DONOVAN</b> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> <b>P WALL, DIANA</b> 1357 NE OCEAN BLVD 109 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> <b>TVP BEREZIN, SID</b> 1357 NE OCEAN BLVD 209 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>OLIVER BONNETT</b> <b>1357 NE OCEAN BLVD # 307</b> <b>STUART, FL 34996</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> <b>SD CESARIO, MARY</b> 1357 NE OCEAN BLVD 319 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LARRY LEWIS</b> <b>1357 NE OCEAN BLVD #404</b> <b>STUART, FL 34996</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> <b>D LOHMEIER, CHARLIE</b> 1357 NE OCEAN BLVD 102 STUART, FL 34996		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BILL GOTTHOLM</b> <b>1357 NE OCEAN BLVD #318</b> <b>STUART, FL 34996</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>President 5/1/07 772-546-4426</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					