FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738502 (4)

1. Corporation Name

SUNBOW BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10067 BRADENTON FL 34282 US	P.O. BOX 10067 BRADENTON FL 34282 US

3. Date Incorporated or Qualified: **03/29/1977**

3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1762555** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WAGNER PROPERTY MANAGEMENT
4400 EL CONQUISTADOR
SUITE 13
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name: HARMONY MANAGEMENT

82 Street Address (P.O. Box Number is Not Acceptable): 4400 El Conquistador Parkway

83:

84 City: Bradenton FL 85 Zip Code: 34282

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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: [signature] Community Association Mgr. DATE: 2/4/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STORM, CAROL		1.2 NAME		
STREET ADDRESS	3801 E BAY DR #104		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, STEPHEN		2.2 NAME		
STREET ADDRESS	3705 E. BAY DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AMARO, ISMAEL		3.2 NAME		
STREET ADDRESS	3701 E BAY DR #103		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAYMOND, VIOLA		4.2 NAME		
STREET ADDRESS	3705 E BAY DRIVE UNIT 108		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLMES BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	COMES,RUTH		5.2 NAME	D. Vincent Capo	
STREET ADDRESS	3801 E. BAY DR.		5.3 STREET ADDRESS	3705 E Bay Drive	
CITY-ST-ZIP	HOLMES BEACH FL		5.4 CITY-ST-ZIP	Holmes Beach, FL	
TITLE	D	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	LINK, JEAN		6.2 NAME	D. Roy Woodard	
STREET ADDRESS	3805 E. BAY DR.		6.3 STREET ADDRESS	3705 E Bay Drive	
CITY-ST-ZIP	HOLMES BEACH FL		6.4 CITY-ST-ZIP	Holmes Beach, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Steve Wood 2/4/96 941-758-5620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)