

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90151 039 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 738502</b><br>1. Entity Name<br><b>SUNBOW BAY ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| Principal Place of Business<br><b>3801 E. BAY DRIVE<br/>HOLMES BEACH, FL 34217</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                     | Mailing Address<br><b>HARMONY<br/>4400 EL CONQUISTADOR PKWY<br/>BRADENTON, FL 34210</b>                                                                                                                                               |                                                                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | 3. Mailing Address                                                                  |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | City & State                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                       | Zip                                                                                 | Country                                                                                                                                                                                                                               | 4. FEI Number<br><b>59-1762555</b>                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                     |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                     |                                                                                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARMONY MANAGEMENT<br/>4400 EL CONQUISTADOR PKWY<br/>BRADENTON, FL 34210</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____<br><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<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | <b>Make check payable to<br/>Florida Department of State</b>                        |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                 |                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>STORM, CAROL<br>3801 E BAY DR #104<br>HOLMES BEACH, FL                  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | President<br>Martha Proulx<br>7907 10th Ave NW<br>Bradenton, FL 34209<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>BURCH, MARGARET<br>3805 EAST BAY DR #6A<br>HOLMES BCH, FL 34217         | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | VP<br>John Fumo<br>4538 Nantux<br>Chicago, IL 60650<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVP<br>ROSE, DENNIS<br>3701 EASTBAY DR # 4B<br>HOLMES BEACH, FL 34217         | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | DS<br>Rita Van Demark<br>3705 East Bay Dr. #212<br>Holmes Bch, FL 34217<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DT<br>RIEDL, GARY RIEDL<br>3705 EAST BAY DR #207<br>BRADENTON BEACH, FL 34217 | <input type="checkbox"/> Delete<br><i>ok</i>                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        |                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>JAUTZ, ERIC<br>3805 E BAY DR. #203<br>BRADENTON BEACH, FL 34217          | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | D<br>Dennis Rose<br>3701 East Bay Dr. #4B<br>Holmes Bch, FL 34217<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>NEWMAN, RAY<br>3705 EAST BAY DR # 106<br>HOLMES BEACH, FL 34217          | <input type="checkbox"/> Delete<br><i>rk</i>                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | D<br>C. FERGUSEN<br>4280 N. HENDERSON<br>DAVISON, MI 48423<br><input type="checkbox"/> Change <input checked="" 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: G. RIEDL</b> <i>G. Riedl</i> <b>TREASURER</b> <b>4/15/06</b> <b>941 778-9380</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |

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