


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744372** (4)  
1. Corporation Name

**SUNDIAL EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1401 MIDDLE GULF DR. SANIBEL FL 33957</b>	Mailing Address <b>1401 MIDDLE GULF DR. SANIBEL FL 33957-6515</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1978</b>	3a. Date of Last Report <b>04/09/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1976653</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HULDRUM, KATHLEEN 254 DANIEL DRIVE SANIBEL FL 33957</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>24 CEDAR PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GARDEN CITY NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOD, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>7345 COUNTRY COMMONS LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SYLVANIA OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONLEY, THOMAS</b>	3.2 NAME	<b>RENDE, CARMINE</b>
STREET ADDRESS	<b>1739 MILLSTREAM</b>	3.3 STREET ADDRESS	<b>1401 Middle Gulf Drive #5403</b>
CITY-ST-ZIP	<b>BALLWIN MO</b>	3.4 CITY-ST-ZIP	<b>Sanibel, FL 33957</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAHN, MARY</b>	4.2 NAME	
STREET ADDRESS	<b>23380 COMMERCE PARK DRIV</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FARMINGTON HILLS MI</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBERT, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>12431 COCONUT CREEK COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULDRUM, KATHLEEN</b>	6.2 NAME	
STREET ADDRESS	<b>254 DANIEL DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANIBEL FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)